We speak for the dead to protect the living

Fourth Annual Report

of the
Domestic Violence Death Review Committee

Office of the Chief Coroner
Province of Ontario

2006

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Message from the Chair

The year 2006 has been one of transition for the Domestic Violence Death Review Committee (DVDRC). We are indebted to the inaugural Chairman, Mr. Al O'Marra for the work that he did in developing and setting up the Committee. Under his guidance, a framework was established for reviewing domestic homicides and homicides/suicides, and to report to the Chief Coroner on identified trends, risk factors and patterns in these cases so that appropriate recommendations for death avoidance could be made.

I assumed Chairmanship of the Committee in mid-year and have been working with Committee members to refine our processes for early identification of cases, appropriate information gathering, reviews of the cases, and targeting recommendations to appropriate agencies, organizations and ministries of government. In 2007 our mandate is being refined to focus on situations involving domestic homicides of an intimate partner (or ex-partner) and/or children, as well as situations where a suicide by the perpetrator has followed a homicide.

It may be helpful for readers of this report to understand our review process. A coroner's investigation is required for all homicides, and the Regional Supervising Coroners (RSC) determine which cases are deemed "domestic" for reporting to the DVDRC. Cases are referred by the RSC to the Committee for review only after the coroner's investigation and any criminal proceedings have concluded. In many cases, this may be years after the homicide took place.

Relevant files are obtained from investigating police services, criminal and family courts, child protection and social services agencies, medical records, etc., and provided to a committee member for review. The case is then presented to the Committee for discussion, with identification of issues and drafting of recommendations. A report on the case is forwarded to the RSC to assist with final resolution of the coroner's investigation file.

The *Coroners Act* imposes certain limitations on our review process and the Committee's role. Depending on the circumstances of the case we may not have access to records of a living perpetrator even though they may be of potential assistance to the Committee's understanding of the case. Importantly, although the *Act* gives us the ability to make recommendations for change, it is not within the mandate of the Coroner's Office to advance their implementation, or to assume responsibility to address identified deficiencies.

The reader will note that the recommendations listed in this Annual Report, are targeted much more specifically to agencies, organizations, and ministries deemed most likely to be able to respond. It is hoped that the identified recipients will give serious consideration to the recommendations so that with enhanced education, knowledge and appropriate tools at their disposal, all citizens of Ontario can work collectively towards reducing domestic violence in general, and domestic violence deaths in particular.

William J. Lucas, MD CCFP
Regional Supervising Coroner, Central Region
Chair, Domestic Violence Death Review Committee

CHIEF CORONER'S DOMESTIC VIOLENCE DEATH REVIEW COMMITTEE (DVDRC) TERMS OF REFERENCE

Purpose:

The purpose of this committee is to assist the Office of the Chief Coroner in the investigation and review of deaths of persons that occur as a result of domestic violence, and to make recommendations to help prevent such deaths in similar circumstances.

Definition of Domestic Violence Deaths:

All homicides that involve the death of a person, and/or his/her child(ren) committed by the person's partner or ex-partner from an intimate relationship.

Objectives:

1. To provide and coordinate a confidential multi-disciplinary review of domestic violence deaths pursuant to Section 15 (4) of the Coroners Act, R.S.O. 1990, Chapter c. 37, as amended.

2. To offer expert opinion to the Chief Coroner regarding the circumstances of the event leading to the death in the individual cases reviewed.

3. To create and maintain a comprehensive database about the victims and perpetrators of domestic violence fatalities and their circumstances.

4. To help identify the presence or absence of systemic issues, problems, gaps, or shortcomings of each case to facilitate appropriate recommendations for prevention.

5. To help identify trends, risk factors, and patterns from the cases reviewed to make recommendations for effective intervention and prevention strategies.

6. To conduct and promote research where appropriate.

7. To stimulate educational activities through the recognition of systemic issues or problems and/or:
    - referral to appropriate agencies for action;
    - where appropriate, assist in the development of protocols with a view to prevention;
    - where appropriate, disseminate educational information.

8. To report annually to the Chief Coroner the trends, risk factors, and patterns identified and appropriate recommendations for preventing deaths in similar circumstances, based on the aggregate data collected from the Domestic Violence Death Reviews.

Note: All of the above described objectives and attendant committee activities are subject to the limitations imposed by the *Coroners Act* of Ontario, Section 18(2) and the *Freedom of Information and Protection of Privacy Act.*

Chapter One

Introduction and Overview

Mandate

The Domestic Violence Death Review Committee (DVDRC) is a multi-disciplinary advisory committee of experts that was established in 2003 in response to recommendations made from two major inquests into the deaths of Arlene May and Randy Iles (1998) as well as Gillian and Ralph Hadley (2002). The mandate of the DVDRC is to assist the Office of the Chief Coroner with the investigation and review of deaths involving domestic violence with a view to making recommendations aimed at preventing deaths in similar circumstances and reducing domestic violence in general.

The DVDRC consists of representatives with expertise in domestic violence from law enforcement, criminal justice system, healthcare sector, social services and other public safety agencies and organizations. By conducting a thorough and detailed examination and analysis of facts within individual cases, the DVDRC strives to develop a comprehensive understanding of why domestic homicides occur and how they might be prevented. Information considered within this examination includes the history, circumstances and conduct of the abusers/perpetrators, the victims and their respective families. Community and systemic responses are examined to determine primary risk factors and to identify possible points of intervention that could assist with the prevention of similar deaths in the future.

Cases are referred to the Committee by the Regional Supervising Coroner responsible for the area in which the fatalities took place. Cases cannot generally be reviewed in the year in which the incident took place, as timing of the review by the Committee is subject to a number of factors including: completion of coroner's investigation; completion of criminal trials and appeals; receipt of investigative briefs and other materials relevant to the review. Since its inception, the DVDRC has reviewed 47 cases that involved a total of 75 deaths. The following chart details the number of cases and deaths reviewed since the establishment of the Committee in 2003.

The results of the data collection process are detailed in the statistical analysis presented in Chapter 2 of this report. Risk factor definitions are included in **Appendix "A"**. The summaries and recommendations resulting from each of the 13 cases reviewed in 2006 are presented in Chapter 3.

Year	# of cases reviewed	# of deaths involved
2003	11	24
2004	9	11
2005	14	19
2006	13	21
Total	**47**	**75**

Review and Report Limitations

All information obtained as a result of coroners' investigations and provided to the DVDRC is subject to confidentiality and privacy limitations imposed by the *Coroners Act* of Ontario and the *Freedom of Information and Protection of Privacy Act*. Unless and until an inquest is called with respect to a specific death or deaths, the confidentiality and privacy interests of the decedents, as well as those involved in the circumstances of the death, will prevail. Accordingly, individual reports as well as the review meetings and any other documents or reports produced by the DVDRC remain private and protected and will not be released publicly. Each member of the Committee has entered into and is bound by the terms of a confidentiality agreement that recognizes these interests and limitations.

The terms of reference for the DVDRC direct that the committee, through the Chairperson, reports annually to the Chief Coroner regarding the trends, risk factors, and patterns identified through the reviews, and makes appropriate recommendations to prevent deaths in similar circumstances.

The case summaries included in Chapter 3 are intended to provide a general sense of the circumstances that led to the deaths and subsequent issues that were considered by the Committee when formulating recommendations. The summaries are an overview of key elements of the case and do not necessarily include all details or issues examined by the DVDRC.

Disclaimer:

The following disclaimer applies to individual case reviews and to this report as a whole:

This document was produced by the DVDRC for the sole purpose of a coroner's investigation pursuant to section 15 (4) of the *Coroners Act*, R.S.O. 1990 Chapter c. 37, as amended. The opinions expressed do not necessarily take into account all of the facts and circumstances surrounding the death. The final conclusion of the investigation may differ significantly from the opinions expressed herein.

Chapter Two

Statistical Overview

In 2006, the DVDRC reviewed 13 cases involving domestic violence. Cases were reviewed only when complete from the perspective of the coroner's investigation and all applicable criminal proceedings and appeals. Cases meeting these criteria included two cases that occurred in 2002, four cases from 2003, two cases from 2004, four cases from 2005, and one case from 2006. The review process for each case is time-consuming and comprehensive, resulting in the limited number of cases reviewed per year.

The 2005 Annual Report provided an overview of all the domestic homicide cases known to the Committee that occurred in Ontario since 2002. These statistics were subject to change due to the addition of further cases that had been completed by coroners and/or police and have now been classified as domestic homicides or homicide-suicides. Other cases initially erroneously considered to be domestic homicides have been removed from the statistical database. A decision has been made not to publish statistics from 2006 until all the cases are confirmed for that year. This report provides an updated synopsis of all domestic homicides that occurred in Ontario between 2002 and 2005. Although these figures may result in some incongruity with previous annual reports, this approach will ultimately result in a higher level of confidence in the reported statistics.

It should be noted that comparison with other data sources should be done cautiously as different organizations may have differing criteria for defining domestic homicides. For example, Statistics Canada publishes data on homicides based on police reports that are not modified after subsequent court proceedings or revised coroners' findings. We stress this distinction to avoid any confusion because it has led to enquiries regarding discrepancies between our data and other published reports.

As shown in Table 1, there have been a total of 113 fatal domestic incidents that occurred in Ontario between 2002 and 2005 with 148 fatalities involving 99 women, 9 children, and 48 men. The majority of male deaths were suicides (perpetrator of the homicide).

The DVDRC examined basic information from the 113 cases from 2002 to 2005. The information gathered from this sample is presented in the following tables.

Table 2 illustrates that the majority of domestic violence fatalities involved a single homicide, followed by homicide-suicide, attempted homicide-suicide, attempted homicide and related homicide (police shooting).

Table 1 – Domestic Violence Homicides in Ontario 2002-2005

Year	Incidents	Deaths	Women	Children	Men
2005	31	38	29	1	11 (11 perpetrator deaths)
2004	29	38	24	1	13 (11 perpetrator deaths)
2003	25	29	23	1	9 (8 perpetrator deaths)
2002	28	43	23	6	15 (11 perpetrator deaths)
Total:	**113**	**148**	**99**	**9**	48 (41 perpetrator deaths)

Two cases involved attempted homicide following which the perpetrators each took a woman hostage and were subsequently shot and killed by police to save the hostage from harm.

Our statistics continue to echo other published data confirming it is more common for the victims of domestic violence fatalities to be female and the perpetrators to be male. Table 3 shows the relative numbers of female versus male victims and perpetrators.

Table 4 shows that, similar to previous reports, our experience has been that stabbing or sharp-force injuries was the most common cause of death in domestic violence fatalities, and gunshot wounds was the second most common. Perhaps not surprisingly, this pattern is the reverse of findings in the United States where more than half of domestic violence fatalities were caused by firearms.

This difference between Canada and the U.S. may be in part due to the different laws and regulations surrounding the licensing and purchasing of firearms and general overall access to firearms (1).

As Table 5 illustrates, 79% of domestic homicides occurred in a residence, with most occurring in the couple's shared residence or in the residence of the victim (if separated). Urban outdoors, such as a parking lot or on a community street comprised 8 cases. Rural outdoors or other locations, such as an individual's workplace or a shopping centre made up the remaining 15 cases. (Source—coroners' reports for place of injury/death).

Table 2 – Types of Domestic Violence Fatalities

Type	Percent % (n=113)
Homicide	63
Homicide-suicide	25
Attempted homicide-suicide	10
Attempted homicide and related homicide	2
Total	**100.0**

Table 3 – Gender of Victims and Perpetrators

Gender	Victim % (n = 113)	Perpetrator % (n = 113)
Female	95.0	5.0
Male	5.0	95.0
Total	**100.0**	**100.0**

Table 4 – Victim Causes of Death

Cause of Death	Percent % (n = 113)
Stabbing/cutting	33.0
Shooting	26.0
Beating/assault	16.0
Strangulation/smothering	14.0
Other	8.0
Missing information	3.0
Total	**100.0**

1. *Violence Policy Centre (2004). When Men Murder Women: An Analysis of 2002 Homicide Data. Washington, DC: M. Langley*

It is important to recognize that domestic homicides are not just confined to highly populated urban centers. Smaller communities with a population of less than 25,000, comprising less than 2% of the province's total population but had 25% of all domestic violence related fatalities. Table 6 (**Appendix "B"**) illustrates all the cities and towns in Ontario where domestic violence related fatalities have occurred between 2002 and 2005.

Approximately 35% of the 113 domestic fatality cases in Ontario involved the perpetrator committing suicide after killing or attempting to kill their partner or ex-partner. Table 7 shows the causes of death for perpetrators. Fifty percent of perpetrators killed themselves by a self-inflicted gunshot wound, whereas stabbings accounted for 15%. This is in contrast to our findings listed in Table 4, where stabbing was the most common cause of death for homicide victims.

The remainder of this chapter presents data from the thirteen cases that the DVDRC reviewed in 2006. The tables that follow provide a statistical overview of the 13 cases as well as a cumulative overview of all cases reviewed since 2003.

Table 8 compares characteristics of victims and perpetrators that can provide insight into possible risk factors for domestic homicides. For instance, a high percentage of perpetrators had a criminal history while the opposite was true for victims. More than half the perpetrators had threatened or attempted suicide in the past. This data suggests that criminal history and/or history of suicidal behaviour with perpetrators are possible risk factors for domestic homicide. A high percentage of victims and perpetrators had significant life changes prior to the domestic homicide, including a separation or pending divorce, or major medical problem or financial difficulties.

Table 9 shows the majority of domestic homicides occurred between couples who were legally married for a period of 10 years or less. Although in 2006, 54% of the cases reviewed involved couples that did not have children, our cumulative data from 2003 to 2006, demonstrates that the vast majority of couples involved in a domestic homicide did have children.

There is increasing recognition of the impact of domestic violence on children. In other jurisdictions, domestic violence death review committees are now stressing the psychological trauma in children associated with being exposed to homicides and the aftermath of this violence. Georgia Domestic Violence Fatality Review Project found that in 44% of their cases children were present at the scene of the fatality. (2)

Table 5 – Locations of Domestic Violence Fatalities

Location	Percent % (n = 113)
Residence	79.0
Urban Outdoors	7.0
Rural Outdoors	7.0
Other (e.g., work)	7.0
Total	**100.0**

Table 7 – Cause of Death for Perpetrators

Cause of Death	Number of Cases (n = 39)	Percent % (n = 39)
Shooting	18	46.0
Cutting/stabbing	6	15.0
Motor vehicle collision	6	15.0
Hanging	4	10.0
Other	6	14.0
Total	**40**	**100.0**

2. *Georgia Commission on Family Violence & Georgia Coalition Against Domestic Violence (2006). Georgia Domestic Violence Fatality Review Project: Annual Report 2006. Lawrenceville, GA and Marietta, GA; Grace Design and Printing Partners.*

Table 8 – Victim and Perpetrator Information

Variable	2006		2003-2006 Combined	
	Victim (n = 13)	Perpetrator (n = 13)	Victim (n = 47)	Perpetrator (n = 47)
Gender	100% female 0% male	0% female 100% male	93% female 7% male	6% female 94% male
Age when incident occurred (years; adults only)	Min = 17 Max = 58 Mean = 37 Median = 37	Min = 17 Max = 61 Mean = 41 Median = 39	Min = 15 Max = 81 Mean = 39 Median = 41	Min = 17 Max = 89 Mean = 42 Median = 44
Residency Status (adults only)	Canadian Citizen – 85% Other or Unknown – 15%	Canadian Citizen – 85% Other or Unknown – 15%	Canadian Citizen – 83% Other or Unknown 17%	Canadian Citizen – 85% Other or Unknown – 15%
Employment Status (adults only)	Full-time-38% Part-time-8% Unemployed-15% Other-31% Unknown-8%	Full-time-8% Part-time-15% Unemployed-31% Other-38% Unknown-8%	Full-time-43% Part-time-2% Unemployed-23% Other-30% Unknown-2%	Full-time-35% Part-time-4% Unemployed-33% Other-26% Unknown-2%
Criminal History (adults only)	Yes – 15% No – 85%	Yes – 69% No – 31%	Yes – 11% No – 89%	Yes – 55% No – 45%
Prior Counselling (adults only)	Yes – 23% No – 46% Unknown – 31%	Yes – 31% No – 31% Unknown – 38%	Yes – 34% No – 53% Unknown – 13%	Yes – 43% No – 44% Unknown – 13%
Significant Life changes (adults only)	Yes – 85% No – 8% Unknown – 7%	Yes – 92% No – 8% Unknown – 0%	Yes – 59% No – 39% Unknown – 2%	Yes – 89% No – 11% Unknown – 0%

Table 9 – Relationship between Victim and Perpetrator

Variable	2006		2003 – 2006 Combined	
	Victim (n = 13)	Perpetrator (n = 13)	Victim (n = 47)	Perpetrator (n = 47)
Type of relationship between victim and perpetrator	Legal spouse - 31% Estranged Legal spouse – 31% Common-law partner – 15% Estranged boyfriend/girlfriend – 23% Boyfriend/girlfriend – 0% Other – 0% (divorced/former partner/current friend/same sex partner)		Legal spouse – 40% Estranged Legal spouse – 19% Common-law partner – 13% Estranged boyfriend/girlfriend – 15% Boyfriend/girlfriend – 6.5% Other – 6.5% (divorced/former partner/current friend/same sex partner)	
Length of Relationship (adults only)	<1 year = 0% 1 – 10 years = 46% 11 – 20 years = 46% 21 – 30 years = 0% Over 30 years = 8%		<1 year = 6% 1 – 10 years = 51% 11 – 20 years = 19% 21 – 30 years = 17% Over 30 years = 7%	
Children in common (adults only)	0 = 54% 1-2 = 31% 3+ = 15%		0 = 38% 1-2 = 43% 3+ = 19%	

Table 10 illustrates that the majority of cumulative domestic violence fatalities reviewed by the DVDRC occurred as either homicides or homicides-suicides, with equal distribution of 36% each. Rather than being an indicator of true relative numbers, the seemingly high preponderance of homicide-suicide cases reviewed to date by the Committee likely reflects a more rapid referral of such cases for review since there is less likelihood of court prosecutions arising. Other cases involving homicides and/or accidental deaths go through extensive court proceedings and may not be submitted to the Committee for review until after a final verdict has been received. Homicide-suicide cases generally do not undergo such court proceedings.

Table 11 analyzes the common risk factors predictive of lethality from the cases reviewed. Consistent with past DVDRC reports and research, the most common risk factor involved with a domestic homicide case is an actual or pending separation. Perpetrators commonly become more controlling of their partners when facing a pending or actual separation. (3) A history of domestic violence is the second most common risk factor associated with perpetrators of domestic homicide, followed by non-diagnosed reports of depression, escalation of violence, and obsessive behaviour. For definitions of the above terms, refer to the Ontario Domestic Violence Death Review Committee Risk Factor Coding Form in **Appendix "A"**.

In addition to the risk factors noted above, the Committee has identified other factors that may exacerbate problems within intimate relationships, including poor health, financial difficulties, isolation, mental health issues, gambling addiction, and conflict with extended family members.

An important concern to the DVDRC is the number of cases that appeared predictable and potentially preventable with hindsight when reviewing the number of risk factors that were involved in each case. The DVDRC arbitrarily considers a case predictable and potentially preventable if there are seven or more known risk factors present. Recognizing that there may be controversy in utilizing arbitrary threshold numbers, the Committee believes this approach to be consistent with practices in other jurisdictions.

Figure 1 and Figure 2 illustrate the number of risk factors present in the cases the Committee has reviewed. The recognition of multiple risk factors within a relationship experiencing domestic violence allows for enhanced risk assessment and safety planning that may prevent a possible homicide.

Table 10 – Homicide Information

	2006 (n = 13)	**2003 – 2006 (n = 47)**
Type	Homicide = 23% Homicide-suicide = 23% Attempt homicide-suicide = 38% Multiple homicide = 8% Multiple homicide-suicide = 8%	Homicide = 36% Homicide-suicide = 36% Attempt homicide-suicide = 20% Multiple homicide = 4% Multiple homicide-suicide = 4%
Cause of Death	Stabbing = 31% Gunshot wound = 31% Beating = 0% Strangulation = 8% Poisoning = 0% Burns = 0% Other = 7% Victim did not die = 23%	Stabbing = 38% Gunshot wound = 30% Beating = 7% Strangulation = 7% Poisoning = 2% Burns = 2% Other = 8% Victim did not die = 6%

3. *Campbell, J. C. (1992). If I can't have you, no one can: Power and control in homicide of female partners. In D.E. Russell (Ed.), Femicide: The Politics of Women Killing. New York: Twayne.*

Table 11 – Common Risk Factors from DVDRC Analysis

Risk Factors	2006		2003-2006	
	n (n=13)	Percentage	n (n=47)	Percentage
Actual or pending separation	11	85%	38	81%
History of Domestic Violence	12	92%	36	77%
Perpetrator depressed in the opinions of non-professionals (e.g., family, friends, etc)	8	62%	32	68%
Escalation of Violence	10	77%	28	60%
Obsessive behaviour displayed by perpetrator	9	69%	28	60%
Prior threats to kill victim	6	46%	23	49%
Prior attempts to isolate victim	8	62%	22	47%
Prior threats/attempts to commit suicide	6	46%	23	55%
Access to or possession of firearms	7	54%	21	45%
Control of most or all of victim's daily activities	7	54%	20	43%
Excessive alcohol and/or drug use	5	39%	20	43%
History of Violence Outside the Family	7	54%	17	36%

Figure 1 – Number of Risk Factors identified in Cases Reviewed in 2006

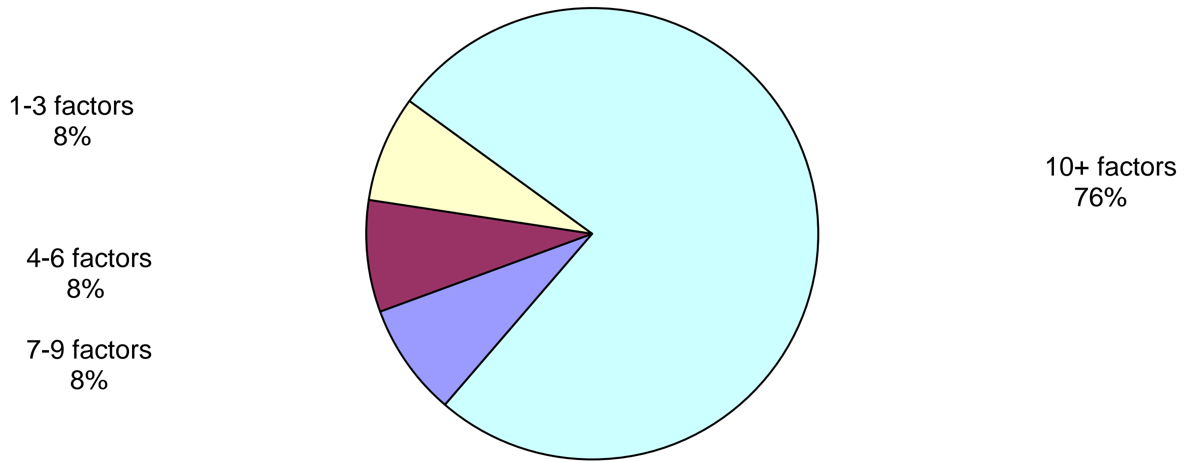
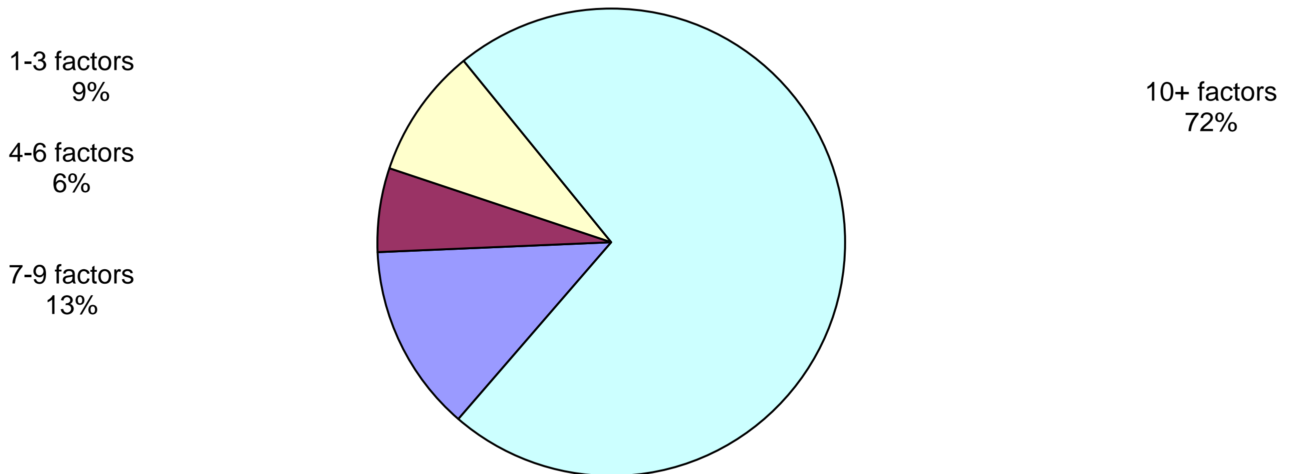


Figure 2 – Number of Risk Factors Identified in Cases Reviewed for 2003-2006



Chapter Three

Case Summaries and Recommendations

Case # 1: OCC File 2002-7100

This case involved an attempted homicide followed by suicide. The couple had recently separated following recurrent incidents of domestic violence that included threats by the male perpetrator and assault with a weapon. The female victim, who had sole custody of her two children, had moved out of the matrimonial home but there were ongoing access issues for the perpetrator. He entered her apartment early one morning while she was taking the children to school. When the victim returned home, her estranged husband came out of the kitchen and an argument ensued, during which he stabbed her several times and then stabbed himself. The victim was able to escape the apartment and seek help, ultimately surviving her injuries. The perpetrator subsequently died in hospital from his self-inflicted stab wounds.

Discussion: *Although there was insufficient information in this case review to offer specific recommendations, the circumstances highlight the plight of abuse victims who must remain in contact with their ex-partners due to the need to support on-going access to the children. In this matter there had been an extensive history of serious domestic violence, but the perpetrator still had unsupervised visits to the children on a regular basis. This access appears to have been an agreement between the parties rather than the product of any litigation or family court decision. The perpetrator continued to exhibit jealousy, and had not been part of an intervention for his problems with domestic violence and his history of being abused as a child. The case demonstrates the challenges in providing safety for victims and their children when there is ongoing access by the perpetrator without a safety plan or intervention to manage the risks.*

Case # 2: OCC File 2005-1245 & 2005-1246

This case involved a homicide / suicide in a couple known to have a turbulent relationship over their 10+ years of marriage. The couple experienced financial stresses, temporary separation, and drug addiction and psychiatric issues in the perpetrator. Many family members and friends were aware of the turbulence, but did not effectively intervene. On occasions when either individual sought medical intervention for emotional or stress-related issues, professionals did not appear to ask probing questions to determine the root causes.

On the day prior to the incident, the victim and perpetrator were seen arguing outside the victim's place of work, and later the perpetrator picked the victim up at the end of her shift. Both the victim and the perpetrator did not show up for work over the next couple of days. Their bodies were found inside the home when family members went to investigate a lack of response to phone calls. The victim died as a result shotgun wounds and the perpetrator died as a result of a self-inflicted shotgun wound.

1. Recommendation: *It is recommended that the Ontario Women's Directorate continue to develop and implement public education programs about Domestic Violence (e.g. The Neighbours, Friends and Families Campaign).*

2. Recommendation: *It is recommended that the Ontario Psychiatric Association, in conjunction with the Canadian Psychiatric Association, develop and/or promote educational materials that highlight the correlation between depression and the risks associated with intimate partner violence (IPV).*

3. Recommendation: *It is recommended that the College of Family Physicians of Canada actively develop and/or promote educational tools that highlight the unique role family physicians have in identifying domestic violence. (Similar to Recommendation #12/2004)*

4. Recommendation: *It is recommended that creative ways must be provided to offer family members appropriate information and support in cases where they have concerns about a family member's safety.
(Similar to Recommendation #1/2004)*

Rationale: It is clear that family members and the public must have information about what to do when they suspect that there is a high level of risk so that there is some meaningful way to ensure intervention with the perpetrator. Unfortunately, this situation presented a family that was concerned and in their own limited fashion tried to warn the victim, however, with no assistance from any outside resources, were unable to intervene effectively.

As in many of the cases, the only other point of potential intervention, beyond the family was the medical system. The perpetrator had seen both his family physician and a psychiatrist, but issues related to IPV had not been explored. This perpetrator presented with the same profile as many, if not a majority, of the cases in this report: depressed, isolated, and unemployed, with his relationship about to end. Physicians can intervene with perpetrators and consider the need to warn the potential victims and/or police if deemed appropriate.

Case # 3: OCC File 2004-10708

This case involved an attempted homicide followed by fatal use-of-force by police on the perpetrator. The couple had been married for 18+ years, with ongoing, unreported domestic assaults and an escalation of violence by the husband. Five months before the incident he was charged, and later convicted of assault and uttering death threats against his wife. The perpetrator was placed on probation, prohibited from possessing firearms, and ordered not to communicate with his estranged wife or children. He was further directed to take counselling programs that he appeared to comply with. The victim had decided she wanted to separate and had moved out of the home with their two children.

On the day of the incident, the perpetrator attended the victim's place of work and attempted unsuccessfully to shoot her, following which he assaulted her by striking her with a rifle butt. The perpetrator quickly left the scene and was subsequently followed by police. While outside in a crowded public area, he took a stranger hostage, holding her at gunpoint. When negotiations failed to resolve the situation, the perpetrator was shot and killed by police. The hostage-taking victim was released unharmed, and the perpetrator's estranged wife recovered from her assault injuries.

5. Recommendation: *It is recommended that the Ministry of the Attorney General take the lead in consultations with justice and community stakeholders and develop a provincial plan for high risk management of domestic violence cases that present with indicators of potential dangerousness or lethality. (Similar to Recommendation #17/2004)*

Rationale: This case is an excellent example of the need for high risk management. An individual is deemed "high risk" after a risk assessment has been conducted and several risk factors have been found. The perpetrator in this case had severely abused his partner over many years and she was in the process of making a permanent separation. The victim disclosed all the past abuse to police, resulting in the perpetrator being charged with three counts of assault and two counts for uttering death threats. He was placed on probation with many strict conditions put in place to keep the victim safe.

The purpose of high risk management is to have an awareness of the risk posed by a highly dangerous perpetrator and continuing to monitor his behaviours to make sure he is following all conditions put in place for the safety of the victim. It may also involve developing a support system of friends, family and community professionals to help the perpetrator focus on his future and accept the termination of the marriage or intimate relationship. Although case management requires more time and effort on the part of the police, probation, and the judicial system, the process is likely to save lives.

Case # 4: OCC File 2005-8317 & 2005-8318

This case involved a homicide / suicide of a couple who had both been previously married, and had been living common-law for approximately 6 years. During that time, the perpetrator was controlling, threatening, and often physically abusive to the victim. Due to ongoing concerns for her safety, and after multiple attempts to end the relationship, the female victim separated from the perpetrator. Following the separation, the perpetrator continued to be obsessed with her, to stalk and attempt to control her.

For various medical reasons, the victim had seen several doctors during her relationship with the perpetrator, but never mentioned her fears regarding him. Both the victim's and the perpetrator's families were aware of the troubled relationship before and after separation. The victim expressed concerns about the perpetrator stalking and harassing her to her family and friends, both at work and in her personal life. She had written and left a lengthy note, to be opened in the event of her death, outlining a number of incidents of physical assaults and indicating her fear of her partner because of his threatening and controlling nature.

A few months after their separation, the perpetrator went to the victim's new apartment and an argument ensued. He produced a gun, and as the victim attempted to flee down the stairs, was followed and subsequently shot by the perpetrator. He then turned the gun on himself. Both died as a result of gunshot wounds.

6. Recommendation: *It is recommended that the College of Family Physicians of Canada, the Ontario Psychiatric Association, in conjunction with the Canadian Psychiatric Association, and the Society of Obstetricians and Gynecologists of Canada develop and/or promote educational interventions that highlight the role of physicians in identifying a history of abuse in assessing patients' health concerns. Studies indicate that minimal intervention can lead to disclosures of intimate partner violence, with resulting positive outcomes (e.g. increased use of victim services; more safety behaviours; less physical abuse).*
(Repeat Recommendation)

Rationale: The victim was seen by several physicians for various reasons during her relationship with the perpetrator. She was apparently reluctant or possibly embarrassed to raise concerns about her domestic situation, and physicians did not inquire.

7. <u>Recommendation:</u> *It is recommended that the Ontario Women's Directorate continue to develop and implement public education programs about Domestic Violence (e.g. The Neighbours, Friends and Families Campaign). (Repeat Recommendation)*

<u>Rationale:</u> The victim's mother and friends had knowledge of the abuse and also of the victim's fears for her safety. However, they neither reported nor encouraged the victim to report the abuse to the police. In addition, the perpetrator possessed several guns even though he had been prohibited from possessing firearms following conviction for assault on this former wife. Several people knew about these guns, and if police had been notified of the domestic abuse, the weapons would likely have been seized.

8. <u>Recommendation:</u> *To the Ministry of Labour: It is recommended that all workplaces design and implement a policy to address domestic violence as it relates to the workplace. The policy should include:*

- *Educating employees about the issues of domestic violence in order to help them identify an abusive relationship in which they may be involved , and about how to reach out to co-workers for assistance.*
- *Training employers and managers to identify the signs of abuse and to respond appropriately to employees who are victims and/or perpetrators of domestic violence*
- *Providing a resource list of appropriate referral agencies*
- *Providing an organized response to direct threats of domestic violence that occur in the workplace*
- *Developing and implementing a safety plan for the victim to ensure that a number of security measures are in place for her protection*

(Similar to Recommendation #10/2005)

<u>Rationale:</u> The victim had expressed fear for her safety to several co-workers. There was no record of any helpful intervention by co-workers (i.e. safety planning, risk assessment).

Case # 5: OCC File 2005-17153

This case involved an attempted triple homicide followed by suicide of the perpetrator. The couple had been in a relationship for 15 years and married for 8 years. The female victim had 4 children from previous relationships, with the 2 younger sons living with her and her husband. Both she and her children had been subjected to physical, verbal and emotional abuse from her husband on an ongoing basis. Her husband had refused to allow her to work outside the home and never allowed her to obtain a driver's license. A son had expressed concerns about abuse to a school social worker, resulting in referral to the Children's Aid Society.

The victim had recently separated and moved out of the matrimonial home with her children. She was gaining independence, having just received a driver's license and purchased a new vehicle. On the day of the incident, the victim and her 2 children stopped in at the matrimonial home to gather some belongings when they believed that the perpetrator was away. The perpetrator appeared in the house and an argument and physical struggle ensued. The victim escaped and returned to her car with her children. Before they could leave, the perpetrator came out of the house and fired a shotgun at the victim and then at the children. All 3 were injured, but were able to drive away to get help. They were treated in hospital for non-life threatening injuries. Police responded and later found the perpetrator deceased inside the home as a result of a self-inflicted shotgun wound.

9. <u>Recommendation</u> *It is recommended that all Government agencies involved with victims and perpetrators continue to educate the public about domestic violence and should include information on the dynamics and/or warning signs of domestic violence and an awareness of the risk factors for potential lethality. There is also a need to educate on where and how to ask for help, and when to take appropriate action with potential abusers, victims, and their children. (Similar to Recommendation #1/2002)*

<u>Rationale:</u> The victim and her children were subjected to abuse on a regular basis but she resigned herself to it and was reticent to report it because of the abuser's threats to kill them if she called police. The victim felt that if she tried harder she could help the abuser to overcome his anger issues. The victim disclosed some of her abuse to her friends and her family however nothing was done about it.

10. <u>Recommendation:</u> *To the Ministry of Education: It is recommended that the Ministry ensure that teachers, administrators and support staff receive ongoing training on recognition of risk factors for domestic violence, including effective intervention that promotes the safety of the child. (Similar to Recommendation #25/2004)*

11. <u>Recommendation:</u> *To the Ministry of Children and Youth Services, and the Ontario Association of Children's Aid Societies (OACAS): It is recommended that a protocol be established to ensure that when Children's Aid Societies (CAS) receive information about domestic abuse from other professionals such as school guidance counsellors, that the information be forwarded in a structured way to all appropriate authorities, including police so that monitoring of such cases should involve and link all appropriate agencies.*

Rationale: The victim's sons were subject to physical and verbal abuse and were present when their mother was threatened and physically abused. The CAS became involved with the family following a referral from the child's school social worker. Although the school social worker contacted the CAS, it in turn did not contact the Police.

12. *Recommendation: It is recommended that the College of Family Physicians of Canada develop and/or promote educational programs that highlight the dynamics and/or warning signs of domestic violence and the potential for lethality, especially when working with patients who have a history of alcohol and/or drug abuse, depression, anxiety or anger. (Similar to Recommendation #12/2004)*

Rationale: The perpetrator had attended his family doctor and was prescribed medication, but it is not clear whether or not any domestic violence screening questions were asked.

Case # 6: OCC File 2003-16995

This case involved a homicide of a female victim, in a couple married for 22 years with three children. The marriage had been described as a troubled and unhappy one from the outset. Both wife and husband had accused each other of repeated incidents of infidelity. The homicide victim had been charged on a prior occasion with assault against her husband, and was released on a Peace Bond with recommendations for anger management programs and alcohol treatment. It was not clear that she had complied. Due to his work, the perpetrator was often absent for extended periods of time, but remained the sole income earner, refusing to allow his spouse to work outside the home. One of the children reported her parents' constant fighting to a school counsellor in the weeks prior to the homicide.

The couple was experiencing severe financial difficulties that necessitated selling of the family cars and placing the matrimonial home on the market under a power of sale. The couple had made the decision to divorce and were making plans to proceed with this. On the day of the incident, the perpetrator became distraught during an argument with his wife and attempted to stab himself several times, inflicting only superficial injuries. He then went upstairs and stabbed his spouse. The victim escaped from him but succumbed on scene to her injuries.

13. *Recommendation: To the Ontario Women's Directorate (OWD): Public awareness campaigns are needed that highlight how to recognise (and respond appropriately) when a strained relationship is becoming a potentially lethal one. Important additional risk factors are high stress situations like extreme financial pressure and imminent family breakdown. (Similar to Recommendation #1/2002)*

Rationale: In this case individuals close to the family had witnessed violence in the relationship and identified the relationship as strained for many years. In the months leading up to the death of the victim, family financial circumstances added to the stress.

14. *Recommendation: To the Ministry of the Attorney General, and the Ministry of Community Safety and Correctional Services: It is recommended that when the courts have mandated intervention/counselling programs related to domestic violence incidents, there be some mechanism to ensure that the conditions and orders are monitored and followed up, regardless of whether the accused person is the primary offender/aggressor or not.*

Rationale: In this case, the homicide victim was charged with assault against her spouse arising from a prior domestic incident. She was on a condition to attend counselling, but there was no apparent follow up on her compliance or attendance.

Case # 7: OCC File 2004-7037 & 2004-7038

This case involved a homicide/suicide in a couple married for over 35 years, who had two adult children and lived in a small, rural community. Although there may have been instances of domestic violence in the remote past, there were no indicators to friends and family of ongoing concerns. However, both husband and wife had significant mental health issues. She had had a series of psychotic episodes requiring multiple hospitalizations in the past, and records indicated some marital difficulties, with no apparent interventions for counselling, as this was declined by the couple. In more recent years, her husband also had suffered from a psychotic depression, and was a management challenge for his wife because of non-compliance with treatment. Although he had previously been a sportsman hunter, no efforts were made to remove firearms from his possession despite his ongoing psychiatric condition and major depression.

On the day of the incident, the perpetrator's brother assisted the couple in doing some financial paper work, but was asked to return to finish the task the next day. When he returned, he found both the female victim and the perpetrator deceased. The victim had died as a result of gunshot wounds, while the perpetrator died as a result of a self-inflicted gunshot wound.

15. *Recommendation: It is recommended that the Ontario Psychiatric Association, in conjunction with the Canadian Psychiatric Association, develop and/or promote educational materials that highlight the correlation between de-*

pression and the risks associated with intimate partner violence (IPV). (Repeat Recommendation)

Rationale: The major point of intervention in this case involving this couple was the mental health system, as both individuals at different times in their lives had involvement with that system. Early on in the marriage, the victim had been in a psychiatric facility and there was some vague reference to abuse in her relationship, however this was never explored, followed up on or dealt with.

In the years directly prior to the murder-suicide, the perpetrator had become seriously disturbed and socially isolated, had extensive contact with the mental health system and yet there was no apparent screening, exploration of relationship issues or abuse by any mental health professional. Level of risk must be assessed and managed. The perpetrator was identified as 'seriously depressed' however was encouraged to retrieve his gun to be able to go hunting. This gun was used in the homicide.

Case # 8: OCC File 2005-179

This case involved a homicide of a female victim shortly after the couple had separated. The couple dated briefly in high school, and then resumed a relationship a few years later while the perpetrator was serving a prison sentence. After his release, they moved in together. The perpetrator had a history of alcohol and drug abuse, and was known to be verbally and physically abusive, possessive, jealous and controlling of the victim. The relationship was turbulent, with several brief periods of separation before the victim finally decided to leave permanently and take up residence with a female companion.

The perpetrator continued to harass and threaten the victim and her family with acts of violence, and he exhibited stalking behaviours. Family and friends of both the victim and perpetrator were aware of tensions in the relationship during and after the separation.

On the day of the incident, the perpetrator had spent the evening drinking with friends and his new girlfriend. After an argument between them, he left with the apparent intention of visiting the victim's residence. When the victim returned home she received a phone call from the perpetrator and shortly after, heard the perpetrator breaking into the her residence. The victim's friend attempted to intervene, was stabbed in the arm, and ran to get help. The victim was stabbed multiple times and succumbed to her injuries. The perpetrator fled but was later apprehended by police.

16. Recommendation: *It is recommended that the Ontario Women's Directorate (OWD) continue to develop and implement public education programs about Domestic Violence (e.g. The Neighbours, Friends and Families Campaign). (Repeat Recommendation)*

Rationale: Family and friends were aware that the victim was being stalked and harassed by the perpetrator but did not effectively intervene.

Case # 9: OCC File 2006-3653; 2006-3655; 2006-3654; 2006-3656 & 2006-3657

This case involved homicides of the female victim and her 3 children, and suicide by the perpetrator. The couple, married for 19 years, had recently separated because of the perpetrator's increasingly controlling and abusive behaviour towards the victim. She and her children had moved out of the matrimonial home and had purchased their own townhouse. The couple shared custody of the children and had regular contact in dealing with them.

The perpetrator had a long history of anger management difficulties, with several incidents of aggression, assaultive behaviour, and damage to property. His work had required at one point that he enrol in a counselling program, which he did not complete. He underwent further counselling to help him cope with his marital separation. Shortly before the homicides/suicide, the perpetrator had an incident where he drove erratically and dangerously, seriously frightening the victim and the children, who reported this to their teachers. The Children's Aid Society was notified and investigated. Police also followed up with the victim. That same day, the perpetrator was involved in another incident with the victim and her sister's family that resulted in charges being laid and a no-contact order being placed on him.

The perpetrator was jealous of the victim and her friendships with other men, and appeared to have great difficulty dealing with the separation. On the day of the incident, he expressed his frustrations to his brother, and appeared to be attempting to set his affairs in order. He later had a planned visit with his children and indicated to his estranged wife that he would be keeping them beyond the normal time limit. Later that evening, neighbours noticed smoke coming from the matrimonial home and called 911. The victim and her three children, along with the perpetrator were found deceased in the residence. The victim and the children had died as a result of gunshot wounds. The perpetrator died of a self-inflicted gunshot wound.

17. *Recommendation:* *To Universities and Community Colleges offering social work programs, and to professional associations of social workers (Ontario College of Social Workers):* Curricula should include pre-service and continuing education programs on risk assessment for victims and

perpetrators of domestic violence.
(Similar to Recommendation #5/2005)

Rationale: The perpetrator's social worker did not conduct a risk assessment regarding his depression, suicidal or homicidal thoughts in spite of clear admission of controlling behaviour in the marriage and an inability to accept the separation.

18. Recommendation: The Ontario Women's Directorate should encourage public and private sector employers to raise awareness about their role and responsibility for domestic violence victims and perpetrators in the event that warning signs are visible in the workplace.
(Similar to Recommendation #1/2004)

Rationale: In this case, the victim's employer was seen to be flexible and supportive to the victim's needs. The perpetrator had anger problems exhibited in the workplace but the employer did not monitor his involvement with the anger management program (he only attended one session and did not complete the program).

19. Recommendation: To the Ministry of Children and Youth Services, and the Ontario Association of Children's Aid Societies: Efforts should be made to enhance training and protocols regarding domestic violence to ensure that a full risk assessment of victims and perpetrators is undertaken, to include assessment of the potential danger posed to children during separation.
(Similar to Recommendation #25/2004)

Rationale: In this matter the Children's Aid Society (CAS) apparently missed an opportunity to conduct a full risk assessment for the perpetrator in light of his very dangerous behaviour and the children's expressed fears for their mother's and their own safety. The assessment and intervention should have responded to the mother's minimization of risk to both the police and CAS and could have evaluated the potentially lethal threat of violence that existed.

20. Recommendation: To the Ministry of Community Safety and Correctional Services (MCSCS), Policing Standards Division; and the Ontario Association of Chiefs of Police (OACP): Police services across Ontario as well as Police Colleges should encourage monitoring of high-risk domestic violence perpetrators who could be red-flagged because of the extreme dangers that they pose to their ex-partners and children. This should include a proactive approach to victims and perpetrators without the need for further calls to the police, and may involve a coordinating function with other service providers such as Child Protection Agencies.
(Similar to Recommendation #17/2004)

Rationale: Police were aware, or could have been aware from the incidents reported in the community and the surrounding catchment area, that the perpetrator was a high risk (his children expressed concern that he would harm them or their mother; he was violating conditions of his release; and he had threatened his brother-in-law for offering protection for the victim). Police might have considered closer monitoring or follow-up, including laying of new charges for breaches of the no-contact order (by both perpetrator and victim) and threats or actual endangerment of the children.

21. Recommendation: The Ontario Association of Children's Aid Societies and Ontario Family Law Bar Association should jointly develop protocols regarding children who appear to be in danger in the context of parental separations with a history of domestic violence. These children may not qualify for CAS protection because their mother appears to be trying to manage a safety plan as a private family matter. However, the CAS may be in a better position to limit any unsupervised access as a temporary measure pending a thorough assessment by the family court.

Rationale: The perpetrator had access to the children without supervision even after he had put their lives in danger. CAS / police might have considered charging the perpetrator and requesting no access as a term of release, or alternatively making supervised visits with no access as a term of supervision pending a full court hearing.

22. Recommendation: The College of Family Physicians of Canada should develop and/or promote educational tools that ensure that appropriate risk assessment and safety planning is undertaken whenever patients disclose ongoing intimate partner violence (IPV).
(Repeat Recommendation)

Rationale: The victim's doctor was aware of the abuse and apparently did not do a risk assessment or offer risk reduction strategies.

23. Recommendation: To the MCSCS, Policing Standards Division; OACP; and OACAS:
Police and CAS training should reinforce that risk assessment is not an end in itself but rather an ongoing process that requires safety planning, risk reduction and coordination of a community plan.
(Similar to Recommendation #5/2004)

Rationale: Risk assessment was given to the victim by police when charges were laid against the perpetrator for

uttering threats, but apparently no safety planning or risk reduction strategies followed. As well there was an apparent lack of collaboration with the CAS who held important information about the perpetrator's risk to his estranged wife and children.

Case # 10: OCC File 2003-15745

This case involved an attempted homicide / suicide in a couple who were in a common-law relationship as well as business partners for 10 years. The relationship was known to be turbulent with several break-ups and reconciliations. The perpetrator had left his first wife after years of being abusive toward her and accumulating significant debts at her expense. He had a criminal record with various offences, but continued to be in possession of a firearm. A domestic dispute arose in 2001 where police were called, but the victim minimized issues and declined intervention by Victim Services.

The victim had two grown children from a previous relationship, who expressed concerns that she was being manipulated by the perpetrator to accommodate his ongoing debts and promiscuous behaviour. The victim was fearful of separating because of his threats to suicide and harm her as well. The victim ultimately decided to leave the perpetrator and consulted a lawyer regarding matters relating to the business and the matrimonial home. This infuriated the perpetrator.

On the day of the incident, the perpetrator attended the business location early in the morning and got into an argument with the victim. He pulled out a handgun and shot the victim several times. She struggled to flee the building and collapsed outside. Shortly afterwards, employees arriving at the business found the perpetrator and victim with serious injuries, and both were rushed to hospital. The victim survived. The perpetrator died as a result of a self-inflicted gunshot wound to the head.

24. Recommendation: *It is recommended that the Ontario Women's Directorate, through its public education campaigns and professional education programs (through police, social services, mental health, and medical associations) address the need for a differentiated approach to victims of domestic violence who may not recognize the dangers posed by the (ex-)partner to themselves and their children.*

Rationale: In this case, the victim did not feel that her partner posed a threat of lethal violence although many warning signs were present that were consistent with a potential risk for domestic homicide. There were opportunities for friends, family and community professionals to intervene but they appeared to feel limited or stymied in these attempts because the victim believed she could handle the situation on her own.
Research in this field suggests that approximately half of domestic homicide victims minimized the risks posed and saw their partner as harassing and annoying, but not dangerous. In these matters, the public and professional interveners need enhanced skills to engage the victim in a discussion on the risks that are apparent and the importance of safety planning and risk reduction strategies. These approaches have to recognize the victim's ambivalence or guilt about separation and her misguided belief that she can manage the threats on her own without police or court intervention.

25. Recommendation: *To the MCSCS, Policing Standards Division; and OACP: It is recommended that Police Services require responding officers to complete a lethality screen on each and every domestic occurrence, whether or not criminal charges are laid. This lethality screen should be modeled after similar tools in existence such as the Domestic Violence Lethality Assessment Protocol for the Maryland Coordinated Community, or Dr. Jacquelyn Campbell's Danger Assessment tool.*
(Similar to Recommendation #17/2004)

Rationale: Police had responded to a domestic dispute in 2001, but no criminal charges emanated from their involvement. Had a lethality-screening tool been employed, a potential opportunity for intervention might have been realized.

Case # 11: OCC File 2003-1709

This case involved a homicide of a female victim. The teenage couple had been involved in an intimate relationship for approximately three years. There had been quite a few altercations where police had been involved, but no charges were ever laid, often because the victim minimized the abusive behaviour. A few months prior to the homicide incident, the victim and perpetrator broke off their relationship, and the victim began seeing another person.

The perpetrator had a history of emotional problems and difficulties with schooling, use of drugs and alcohol, and involvement with police. Following the separation he became depressed, and began harassing and stalking the victim. Shortly before the incident he saw a psychiatrist and expressed feelings of aggression towards the victim.

On the day of the incident, the perpetrator damaged property and stole some things from the victim's residence. The perpetrator called the victim later that day and arrangements were made for her to meet at his home to retrieve her belongings. Upon her arrival, the perpetrator

came out of the house and began assaulting the victim with a baseball bat, striking her in the head. He fled the scene and the victim was transported to hospital, where she succumbed to blunt force traumatic injuries. The perpetrator was later apprehended.

26. <u>Recommendation:</u> *It is recommended that the Ontario Psychiatric Association, in conjunction with the Canadian Psychiatric Association, develop and/or promote educational materials that highlight the correlation between depression and the risks associated with intimate partner violence (IPV). (Repeat Recommendation)*

<u>Rationale:</u> The perpetrator was seen by a psychiatrist one week prior to the homicide. At that time the perpetrator was expressing feelings of depression and thoughts of aggression towards the victim. The only intervention was a prescription for medication.

27. <u>Recommendation:</u> *It is recommended that the Ontario Women's Directorate continue to develop and implement public education programs about Domestic Violence (e.g. The Neighbours, Friends and Families Campaign). (Repeat Recommendation)*

<u>Rationale:</u> Although family and friends were aware that the victim was being stalked and harassed by the perpetrator there was no effective intervention or safety planning.

28. <u>Recommendation:</u> *To the MCSCS; OACP: It is recommended that police receive ongoing training in the dynamics of Domestic Violence to assist officers with assessing situations and laying charges where appropriate. (Similar to Recommendation #4/2002)*

<u>Rationale:</u> The decision to lay charges should not be left to the victim in Domestic Violence cases, but should be based on a thorough assessment and determination of which party is the dominant aggressor/offender.

Case # 12: OCC File 2002-14265 & 2002-14267

This case involved a double homicide of a mother and daughter by the husband. The couple had been in a reportedly good, stable marriage for 14 years and had one child. There was only one incident of physical abuse noted approximately 18 months prior to the homicides. In early 2000, the mother had sustained a severely debilitating medical condition that left her incapable of working, and her husband also left work to become her primary caregiver. He apparently had difficulty adjusting to his wife's illness, exhibiting increasing frustration at her lack of recovery. In the last year, the family experienced significant financial difficulties due to the perpetrator's unemployment, coupled with the costs of funding trips to various locations to seek alternative medical therapies for his wife's condition.

Both the perpetrator and mother-victim were close to family and maintained close contact with them. The child-victim had been distressed by her mother's illness, but optimistic for her recovery. She was apparently aware of tension in her parent's relationship, and had indicated to a friend that she believed they would divorce. Family members became concerned when they hadn't heard from either of the victims or the perpetrator in several days. The victims were found deceased in the residence. The perpetrator was later arrested and confessed to smothering them.

29. <u>Recommendation:</u> *It is recommended that the College of Family Physicians of Canada ensure that educational interventions for family physicians and family medicine residents on mental illness highlight the way that such problems elevate the risk for lethality in situations of ongoing IPV. (Repeat Recommendation)*

<u>Rationale:</u> The perpetrator's insomnia and self-imposed isolation were possible symptoms of depression. He was prescribed and possibly overused Lorazepam as a treatment for his insomnia. Depression in conjunction with financial and family stressors and prior domestic violence is a potential risk factor for homicide/suicide.

30. <u>Recommendation:</u> *It is recommended that the Ministry of Education encourage school boards to make professional development and distribution of resource material on domestic violence a priority. Ontario has available materials ranging from educators' resource guides to curriculum material on domestic violence prevention that could be implemented in a more comprehensive, consistent and integrated basis. (e.g., Handbook for Educators, Choices, 4thR). The goal of the training should be to prepare all staff to help youth/children who are victims of domestic violence (dating violence) or who have been exposed to domestic violence. Assisting these students may mean providing support, guidance and referrals to appropriate community services. Staff need to be prepared to deal with disclosures that may transpire in a formal (counseling session) or informal (after class) setting, and be prepared to follow-up with students who may be dealing with chronic problems in this area. (
Similar to Recommendation #9/2002)*

31. <u>Recommendation:</u> *It is recommended that The Ministry of Education mandate pre-service courses on domestic violence at Faculties of Education in Ontario in order to prepare educators for their future roles in this area such as responding to children living with domestic violence or*

promoting violence prevention programs.
(Similar to Recommendation #5/2005)

Rationale: In this case, a student who was living with domestic violence and a pending separation tried to approach her teacher on several occasions just prior to the homicide to discuss some concerns but could not connect with the teacher who was very busy. The DVDRC cannot confirm that the student was going to discuss the pending separation or her fears about the family situation but we are raising this possibility as a reasonable hypothesis given all the circumstances.

Case # 13: OCC File 2003-17546

This case involved a homicide of a teenage female victim. The couple had been in a turbulent, intimate non-cohabiting relationship for only 7 months, and had separated about one month prior to the incident. They both were involved in relationships with other people, but continued to see each other. The perpetrator had no significant police contact in the past, but was reported to be suspicious, manipulative, confrontational and controlling. There was only one documented incident of physical abuse of the victim that was apparently not reported to police.

The evening of the incident, the victim's mother notified police that her daughter had failed to return home and could not be contacted by cellular phone. The police became involved and initiated a missing person investigation. Several days later, the victim's body was found in a field. After further investigation, the perpetrator was arrested. The victim had died as a result of multiple stab wounds.

32. *Recommendation: To the Ontario Women's Directorate and Ministry of Education: Public awareness programs (such as OWD's Neighbours, Friends and Families) and Ministry initiatives on domestic violence should include emphasis on the reality that intimate relationships in adolescence pose similar concerns as in adult relationships.*

Rationale: Many times the possibility of domestic violence within adolescent romantic relationships is overlooked. However, research has indicated that domestic abuse with adolescents is quite common and is an issue that needs to be addressed. (4)

Society perceives domestic violence as an issue within married or common-law couples and tends to disregard the risk factors presented in intimate relationships of youth.

Furthermore, young adults who are just starting to experience romantic relationships may be unaware that their new relationship is abusive because they have no basis for comparison. This is of great concern with children who witness domestic violence in their home. These young adults may view domestic violence as "normal" since it is happening with their own parents. Therefore, there is a growing need for awareness and education among children and adolescents about the dynamics of domestic violence, but also a need to provide education to parents, the community, and professionals about the prevalence of domestic abuse among adolescents.

Follow-up 2005 Case: (This case was published in the 2005 Annual Report because it was included in the year's statistics, but the review and recommendations were not completed until 2006)

OCC File 2005–2605

This case involved the attempted homicide of a child and the suicide of her father. The couple met and married in 1998 and were separated when their child was only a few weeks old. The husband/father had a history of mental instability, marked with gambling addiction, prior suicide attempts, and poor compliance with medical/psychiatric therapy. The mother had sole custody but there was extensive, bitter ongoing litigation regarding access as the perpetrator/father had continued visitation rights. The mother was in the process of trying the get the court to reverse the access order so that he would only be permitted supervised visits with his daughter. The perpetrator's behaviour included harassment, unsubstantiated allegations of abuse by the mother, and attempts to commit suicide.

On the day he attempted to kill his daughter, the perpetrator picked her up during his scheduled access. Later that day, he called her mother and asked if he could keep the child for a longer period. When permission was denied, a series of phone calls took place between the mother and father over the next short period of time. Police were alerted to the situation, and were able to locate him standing on a highway overpass bridge with his daughter. Despite their attempts to negotiate with him, the father threw his daughter from the bridge to the roadway below, and then jumped himself. The child was rushed to hospital and survived her injuries.

33. *Recommendation: It is recommended that the College of Physicians and Surgeons of Ontario caution psychiatrists offering an opinion on child custody and access arrangements for separating parents that the opinion should be based on assessment of both parents and children as well as having collateral sources of*

4. Halpern, C.T., Oslak, S.G., Young, M.L., Martin, S.L., & Kupper, L.L. (2001). Partner violence among adolescents in opposite-sex romantic relationships: Findings from the *national longitudinal study of adolescent health. American Journal of Public Health, 91(10), 1679-1685.*

information. Furthermore, the Ontario Psychiatric Association should provide and/or promote continuing medical education regarding the dynamics of domestic violence and the risk factors for lethality associated with separation, divorce, custody and access issues.
(Similar to Recommendation #8/2004)

Rationale: The Family Court determined that the perpetrator should have unsupervised visits based in part on a favourable psychiatric report. This report was contrary to the opinion offered by the Children's Aid Society. The psychiatrist's report was based on his role as a therapist without any assessment data (i.e. interviews) from the child or the child's mother or collateral sources of information (school reports, police, CAS, etc).

Other mental health professionals such as psychologists and social workers have been given direction from their professional licensing bodies that it is ill-advised to offer recommendations on custody and access arrangements without assessing all parties in the dispute and without recognizing the potential bias of a one-sided report and/or a report generated in the context of a therapeutic relationship.

Chapter Four

Major Themes from DVDRC Recommendations

As the DVDRC reviews domestic homicide cases and makes recommendations to prevent similar tragedies in the future, many cases may generate recommendations that are consistent with previously reviewed cases. Several recommendations have been repeated or expanded over the years and Table 1 summarizes the frequency of themes in recommendations produced by the DVDRC since 2003.

Table 1 illustrates that the majority of recommendations made by the DVDRC fall under the main theme of "Assessment and Intervention".

A total of 22 recommendations were created under the theme of "Education and Awareness" to the general public and professionals. The DVDRC has noted that the majority of domestic homicides may have been prevented if professionals and/or the public were more aware of the dynamics of domestic violence and the risk for lethality. The Committee has made several recommendations surrounding enhanced awareness and education of the general public and professionals. Several agencies and communities have responded to these recommendations and have created original or innovative projects and campaigns, some of which are noted in Chapter 5 of this report.

The Committee made a total of 57 recommendations from 2003 to 2005, with the majority of these dealing with "Assessment and Intervention" and "Awareness and Education." A detailed summary of these recommendations is found in **Appendix "C"**.

Table 1- Frequency of Themes in DVDRC Recommendations from 2003-2006

	2006 Recommendations	**2003-2005 Recommendations**	**Total Number of Recommendations**
Awareness & Education	**17**	**19**	**36**
General Public & Professional	11	11	22
Training of Professionals	1	6	7
Systems of Educations	5	2	7
Assessment & Intervention	**15**	**26**	**41**
Risk Assessment Tools	1	4	5
Safety Planning/Shelters	-	3	3
High Risk Cases & Management	1	4	5
Police Intervention	3	6	9
Crown/Court Interventions	1	2	3
Workplace Interventions	2	1	3
Healthcare/Social Interventions	7	3	10
Access/Control of Firearms	-	3	3
Resources	**-**	**5**	**5**
General Resources	-	3	3
Rural Communities	-	1	1
Homicide/Suicide Resources	-	1	1
Child-Related Issues	**3**	**7**	**10**
Legislation	1	2	3
Assessment	2	3	5
Policy & Practice	-	1	1
Public Awareness	-	1	1
Totals:	**35**	**57**	**92**

The major themes of this years report do not differ significantly from the themes of prior years. The Committee continues to recognize the importance of awareness and education regarding the dynamics of domestic violence and the continuing need to develop appropriate assessment tools to determine the level of risk involved. The importance of risk management of high-risk cases is a repeating theme in domestic homicide cases. Also, domestic violence can have a devastating impact on children and the Committee feels that there is a need to address issues surrounding children who are exposed to it.

In the following paragraphs, the recommendations that stemmed from this year's case reviews are highlighted. The themes identified in this chapter address new issues or reiterate important concerns that were identified in past recommendations.

Awareness and Education

In many cases of domestic violence, it is common for several people to be aware of the abuse, either personally witnessing it, or by the victim confiding in someone. However, it is difficult for most people to know what to do about it. Many individuals may believe that what occurs in an intimate relationship is a private matter and that no one should meddle in other people's affairs. Nevertheless, if more people were aware and educated on appropriate responses to domestic violence, many domestic homicides may have been prevented. In six of the cases reviewed this year, several people were aware of the domestic abuse that was occurring, including in the workplace or in the presence of family and/or friends. Examples include witnessing the victim and the perpetrator arguing outside of the victim's place of work, or the victim's family and friends being aware of the abuse and knowing that the perpetrator had access to several guns even though on probation.

It is common for people to be aware of the perpetrator's troubling behaviour and to not know how to effectively engage with the perpetrator in a safe and appropriate way. Many people want to offer help and provide support, but there is a definite fear and hesitation in getting involved. Sometimes people do try to intervene but are rebuffed by the victim or the perpetrator. The DVDRC has seen examples where several people were aware of the abusive relationship and the high risk posed by the perpetrator, but the victim did not feel that her partner posed a threat of lethal violence. There were opportunities for friends, family, and even community professionals to intervene, however they felt hindered because the victim believed that she could handle the situation on her own. Thus, if the community, including professionals, were more aware and educated on the dynamics of domestic violence and how to effectively intervene, fears and hesitations might subside and appropriate support to victims and perpetrators could be provided.

Risk Assessment

The importance of risk assessment involving both the victim and perpetrator has been a central issue with the DVDRC in the prevention of domestic homicides. The DVDRC has recommended that health care professionals and professional agencies and institutions dealing with domestic violence situations develop and/or adopt an appropriate risk assessment tool and provide training in how to effectively utilize the tool. Six cases reviewed this year revealed that several professionals were involved with the victim and/or the perpetrator but the opportunity to conduct a risk assessment was overlooked. Victims and perpetrators tend to reach out to a physician and/or psychiatrist for support of mental health concerns. A family physician or a psychiatrist is in an excellent position to discuss intimate issues with an individual and is in an appropriate situation to conduct a thorough risk assessment.

In addition to medical professionals, other professionals including Children's Aid Societies staff and police officers may have access to victims or perpetrators of domestic violence. In situations where a CAS has had direct contact with the victim, the perpetrator, and/or the children and there was no risk assessment conducted, an opportunity may have been missed to provide the necessary supports for safety for the victim or the children. Police must remain vigilant when investigating domestic violence occurrences to ensure that risk is appropriately assessed and no opportunity for intervention is missed.

Risk Management

Risk management is an important element in preventing domestic homicides, especially with perpetrators who have been assessed as high-risk. Case examples include situations of longstanding abuse, arrests and convictions on serious charges (assaults, death threats) and major breaches of probation orders or conditions. Risk management involves the judicial system assigning strict conditions to high-risk perpetrators and having police and other agencies such as Probation and Parole monitor the perpetrator to ensure these conditions are being adhered to for the safety of the victim. Case management requires considerable time and special efforts from the police and the judicial system. An example of such a program that has been developed in Ontario is outlined in Chapter 5.

Children and Risk Assessments, Safety Plans, and Education Campaigns

Many cases of domestic violence involve children. Children can witness the abuse and/or be directly involved in the violence. In cases reviewed in 2006, four children were killed in domestic homicides and a total of five other children were directly involved but not fatally injured. The Committee recognizes the devastating effects of domestic violence on children and a major theme from the recommendations this year is involving children in risk assessments, safety plans, and awareness and education campaigns. It is imperative that collaborative risk assessments be conducted with the children by the Children's Aid Societies and/or the police, and that particular conditions be put in place to ensure their safety. Education programs for children on the dynamics of domestic violence and the risk factors for domestic homicide would seem warranted. Children are most likely to be aware and affected by abuse occurring in the home. It is important that community professionals, including family doctors and teachers who advocate for children understand the lethality associated with domestic violence and know how to access community services and support systems.

Chapter Five

The Continuing Evolution of Community Responses to Domestic Violence in Ontario

In this Fourth Annual Report, we have taken the opportunity to highlight the considerable progress that has been made in the field of domestic violence, partly in response to previous recommendations, and to point out some encouraging examples from across Ontario. Details concerning any of these programs or initiatives may be obtained by contacting the appropriate agency or website.

Public Awareness

One area that has been a consistent source of recommendations is the importance of enhancing public awareness about domestic violence and the potentially tragic consequences that may result from it. Many warning signs have preceded the majority of domestic homicides reviewed. Past reports have indicated that individuals who best knew the victim and the perpetrator appeared to have missed many serious signs of escalating violence or didn't appear to intervene in an effective manner. Table 1 illustrates the percentage of cases where certain people or agencies were seemingly aware of the domestic abuse that had been taking place.

It is important to note that due to limitations in available documentation, these statistics may under-represent the actual circumstances where family or others may have been aware of the abuse. These statistics illustrate that an alarming number of cases involved others who were aware of or suspected the domestic abuse. Knowing how to appropriately intervene is crucial to making improvements in the safety of many women and children, emphasizing the need for public awareness and education.

In 2006 the Ontario Women's Directorate (OWD) launched a provincial campaign that addresses this need. The **Neighbours, Friends and Family** (NFF) campaign was announced and materials to educate the public were distributed along with the creation of a web-site www.neighboursfriendsandfamily.ca

Thus far there have been encouraging developments including the following findings reported by OWD:

- 81% of professionals / service providers or community leaders who received training or materials on domestic violence reported they are better equipped to educate neighbours, friends and family members on the signs of woman abuse and to make referrals and offer support
- 86% of neighbours, friends and families who received materials on woman abuse reported they are better equipped to identify situations of abuse earlier and provide women and children at risk with the referrals / support needed
- 76 Ontario communities have begun to implement the NFF campaign. A unique NFF campaign for Aboriginal communities is being developed and implemented.
- 1,636 people received presentations on the NFF campaign through 11 orientation sessions and 14 training sessions.
- 13,894 hits were made to the NFF interactive website
- 1 million brochures and safety cards in English and French were distributed across the province to interested communities and members as well as to Public Libraries, The Liquor Control Board of Ontario, Government offices, local violence against women service providers (Shelters, Partner Assault Response programs, Victim Crisis Assistance and Referral Services, Victim/Witness Assistance program and women's centres), Early Years Centres, Public Health Units. In addition, 11 television networks are airing public service announcements that highlight the important role of neighbours, friends and family members in responding to domestic violence.
- Brochures and safety cards in the following languages are now being distributed across the province: Arabic, Chinese Simplified, Chinese Traditional, Farsi, Korean, Punjab Indian, Punjabi Pakistani, Russian, Somali, Spanish, Tamil and Vietnamese.

Table 1 – Awareness of Domestic Violence Prior to Homicide

Family	Friends	Police	Medical Personnel	Neighbours	Child Protection Services	Co-Workers	Shelter or DV Program	Clergy
75%	53%	41%	28%	19%	19%	15%	15%	4%

Beyond the NFF campaign, many communities have developed local programs. For example, the Victim Services Committee of Leeds and Grenville, with the assistance of a government grant, has developed an innovative "***Enhancing our Community Response to Violence***" project that addresses the need for awareness and education to the general public and professionals. This project consists of a website www.victiminfo.ca that includes a wealth of information on a variety of subjects, and important links to community resources. The project also distributes guides and resource cards to schools, law enforcement, service providers, libraries, community groups, churches, doctors, and victim service workers.

An innovative community education tool has been developed in a few Ontario communities and has had promising results. Sault Ste, Marie created a report: ***"Who Knows What Goes on Behind Closed Doors… A Report on Domestic Violence in Algoma***…". A unique aspect of the publication, funded by Public Health, is its tabloid newspaper format. The concept has been adopted by the Woman Abuse Council of Toronto, which in turn proceeded to further develop the concept and has created its own local newspaper or 'broadsheet' on woman abuse **"*Whispering Out Loud, Opening the Door on Woman Abuse".***

Intended for the general public and broad community distribution, the broadsheet is the size of a small newspaper and has information about woman abuse, quotes from women survivors, information related to specific populations (i.e. a page on teen violence) and has a full page on HELP IS AVAILABLE.

The response to the broadsheet has been very positive as it offers an accessible and easy way to get a wide range of information about woman abuse out to the general community. Both communities would welcome inquiries from others who might be interested in doing their own local edition.
(Contact wact@womanabuse.ca or website www.womanabuse.ca)

Kanawayhitowin is an Aboriginal campaign anticipated to be launched in the fall of 2007 to raise awareness about the signs of woman abuse in First Nations' communities, so that people who are close to at-risk women or abusive men can provide support. This campaign has been adapted from the Neighbours, Friends and Family initiative in the province of Ontario to reflect a traditional and cultural approach to community healing and wellness. Kanawayhitowin is a Cree word, which in English translates to "taking care of each others' spirit", which suggests that all Aboriginal people have a crucial role to play in preventing woman abuse. Educational materials include brochures, public service announcements, a training video and CD ROM. Visit www.kanawayhitowin.ca for more information.

The Response of Schools, Colleges, & Universities

Many cases reviewed involved children who had grown up with domestic violence and either witnessed the homicide or were killed themselves. Some cases involved teenagers who were experiencing a violent relationship. The potential role of the school system is obvious and there are numerous encouraging developments in this area.

The Ontario Government has published a handbook for teachers, administrators and school staff entitled "***Woman Abuse Affects our Children: An Educators Guide***", with assistance from an expert panel of educators and community professionals. This guide provides information for educators on the warning signs of domestic violence and the potential effects on children living with these circumstances. A number of case illustrations across the grade levels assist educators in knowing how to intervene more effectively in these situations as well as establishing protocols with community agencies. Information deals with challenging dilemmas and critical community resources that need to be involved. The publication is available from OWD or can be downloaded from the Centre for Children & Families in the Justice System web site. www.lfcc.on.ca/educators_guide_woman_abuse_and_children.html

Violence prevention programs in schools have long focused on bullying and are now including violence in dating relationships. A number of excellent including "***Choices for Positive Youth Relationships***" www.speerssociety.org. This program combines the award-winning National Film Board documentary *"A Love That Kills"* with a six-lesson, curriculum-based Instructional Guide. Choices for Positive Youth Relationships recognizes that abuse is not gender specific and broadens the definition of relationship to include friendships, family, team-mates, and co-workers. It provides youth with the opportunity to identify warning signs symptomatic to abusive relationships, develop skills and strategies to sustain positive relationships, and connect to supportive community resources.

Another program is "***The 4thR***" which has 21 lessons integrated into the Grade 9 curriculum for health & physical education. (www.thefourthr.ca) This program is being piloted for Grade 8 students in Southwestern Ontario as part of the Wilson Family Foundation, named for a young homicide victim, Laura Wilson.

The Faculty of Education at the University of Western Ontario (UWO) has a course for Batchelor of Education students entitled "***Safe Schools***" which includes material on

the impact of domestic violence on children, as well as opportunities to role-play teacher interviews and consider appropriate community referrals for a parent who may be a victim of domestic violence. The course materials have been made available to each of the 13 provincial Faculties of Education.

Drama and English students at Sir Frederick Banting SS in London, Ontario are performing a play called "***Hero in the Shadows***" written by Reed Needles, a drama teacher and the head of the English department. Audiences have included other local high schools and future teachers enrolled at the Faculty of Education at the UWO. This play is a powerful medium for providing awareness and education about the effects of domestic violence and its impact on adolescents. More information on "***Hero in the Shadows***", is available in an article written by Lauren La Rose from Canadian Press. For more information please contact r.needles@tvdsb.on.ca or search the Thames Valley District School Board web-site www.tvdsb.on.ca on safe school initiatives.

Community Colleges have developed public awareness and education through poster campaigns, including one by Graphic Arts students from Seneca College. This campaign, that includes five poster designs that help youth identify relationship abuse and seek information and support, has been displayed on billboards across Canada. For additional information, please visit www.speerssociety.org

Research & Education for Physicians

In several cases, perpetrators and/or victims of domestic violence have come into contact with mental health professionals and family physicians, often looking for counselling and support. Table 2 illustrates the percentage of victims and perpetrators who received prior counselling and prior treatment that was focussed on domestic violence.

Table 2 – Prior Counselling and Treatment

	Prior Counselling	Prior Treatment
Victim	34%	19%
Perpetrator	43%	4%

Treatment focused specifically on domestic violence was relatively infrequent, and included family and group counselling programs, shelters, police and hospital contact, psychiatric facilities, psychologists, and specific domestic violence counselling programs. Table 2 suggests that counsellors, physicians, psychiatrists, social workers, and frontline support workers need further education in assessing domestic violence and providing the appropriate support to perpetrators and victims, because often the domestic violence issues did not appear to be addressed as a critical or central issue in counselling.

Fortunately, several professions have taken notice of past recommendations made by the DVDRC and responded by creating new projects and research to further educate and inform. The medical profession continues to pay greater attention to the way that intimate partner violence affects the health and well being of women and children. This is demonstrated by the large number of research projects being undertaken in health care settings by physicians and other researchers, and by the number of articles in scientific journals reflecting on these issues for patients, families and health care providers.

"Dialogue", the newsletter of the College of Physicians and Surgeons of Ontario, published an article in July 2006 entitled "***Domestic Violence: The role of the physician in preventing morbidity and mortality***". This article addresses the potential lethality of domestic violence and what physicians should consider when dealing with patients who are either perpetrators or victims of domestic abuse. (www.cpso.on.ca/Publications/Dialogue/July06/domestic.htm)

The Society of Obstetricians and Gynaecologists of Canada published a consensus statement that addressed identification, management, and treatment issues for physicians working with women, highlighting the need to consider intimate partner violence (IPV) as a key factor in the health of many women and the need for physicians to collaborate with others in the community to address IPV from a system-wide and/or community perspective. (www.sogc.org/guidelines/public/157E-CPG-April2005.pdf)

In June 2004, the Agency for Healthcare Research and Quality, one of the key agencies looking at medical practice from an evidenced-based perspective, published a clinical pathway to inform patient care Ii their summary of research on Programs and Tools that improve the care of women who experience domestic violence. (www.ahrq.gov/research/domviolria/domviolria.htm) In the future, these kinds of materials will hopefully be incorporated into medical education at the undergraduate, postgraduate and continuing medical education level.

Risk Reduction & Risk Management Strategies

In past years, the DVDRC has made several recommendations on the critical need to identify and respond to "high-risk" domestic violence cases. In 2004 Huron County, Ontario responded to the committee's recommendations with the creation of the Huron Assessment Risk

Reduction Team (HARRT).

HARRT was created to address a systemic deficiency involving high-risk victims of violence and to develop a shared professional response to the risk of imminent harm presented by high-risk perpetrators whose violence appears to be escalating. HARRT relies on justice partnering, effective collaboration and shared case management planning. The team promotes a multi-agency approach for the protection of potential victims and is concerned with carrying out the right interventions at the right time.

This innovative and effective team has responded to the crucial need for management of high-risk domestic violence cases. The model is an attempt to move beyond risk assessment to risk reduction with the hope that potential lethality in a domestic violence case is significantly decreased. The Ontario Government has recently recognized HARRT and their outstanding achievements by presenting the team with the 2007 Amethyst Award. This award celebrates outstanding achievements in the Ontario Public Service and recognizes individuals who show extraordinary professionalism and care in performing their daily duties. For a more detailed description of his program please see **Appendix "F"** or contact Crown Attorney Robert Morris at Robert.Morris@ontario.ca.

Enhancing the Response of Child Protection to Domestic Violence

Building on past Violence Against Women/Childrens Aid Society (VAW/CAS) training, innovative collaborations and models of service delivery are being developed across the Province to enhance responses to women and children, build bridges between the sectors and ultimately support the safety of women and children while holding men accountable for their abusive behaviour.

A number of VAW/CAS collaborations are based on the Ontario Association of Interval and Transition Houses model (OAITH). In 2003 OAITH developed a comprehensive and innovative Model of Collaboration that includes the introduction of a Woman Abuse Coordinator into child welfare practice, working as part of a team with other frontline workers, to ensure ongoing support and technical assistance for child welfare staff in responding to woman abuse and child witnessing of violence. Their model promotes accountability and reflects the diversity of the families being served, as well as monitoring and improving the effectiveness of their interventions. This document can be downloaded from the OAITH website www.cecw-cepc.ca/DOCSEng/OAITHFinalresponse.pdf

Variations of the OAITH model are currently being developed in a number of communities in the Province such as Hamilton, Ottawa and Thunder Bay and District (Greenstone and Marathon).

In Peel Region, Catholic Family Services Peel-Dufferin, as the lead agency, has been collaborating with the Peel Children's Aid Society and Family Services of Peel for the past four years to develop the ***Safer Families Program***, a differential response to child welfare cases involving children's exposure to domestic violence. The Program's goal is to provide more effective service to families at the front-end of their involvement with the child welfare system by using inter-agency assessment and intervention teams consisting of a child welfare intake worker and a Family Service Association VAW counsellor.

In the London area, the CAS provides group-counselling programs for children exposed to domestic violence as well as their mothers in collaboration with other agencies. There are specialized programs for perpetrators of domestic violence that focus on their role as parents and recognition of the impact of the violence on their children. The program, called "***Caring Dads***" is hosted by Changing Ways, and is also being run in Niagara Region, Waterloo Region, Huron County and St Thomas Elgin. Visit their web site at www.caringdadsprogram.com

Other innovative collaborations and models of service delivery are being developed within the child welfare sector. For example, a highly successful specialized team called the Toronto CAS Domestic Violence Team was developed at Intake in June 2004 to address the overwhelming number of domestic violence referrals to the Society and to assist the agency in developing practice guidelines to more effectively deal with these cases. A worker with knowledge of domestic violence is assigned to screen reports received coded for domestic violence investigations. That worker considers a differential response to cases that do not require investigations, including referrals to appropriate agencies. Where investigations are required, workers on this team investigate new referrals to the agency where domestic violence has been identified as a primary reason for service where the case is not already active.

The Ontario Association of Children's Aid Societies (OACAS), with four partner organizations (the Catholic Children's Aid Toronto, the Peel Children's Aid Society, the Children's Aid Society of Toronto, and York University Continuing Education), began a search for Best Practices in Canada in 2003. They are in the process of developing a Best Practice Guide for addressing domestic violence in a child welfare context with a focus on woman abuse in Ontario. This draft is being reviewed by the Directors of Service and will hopefully be endorsed by November, 2007.

The child welfare field in Ontario has a unique window of opportunity to effect positive change in the lives of children and their families exposed to domestic violence.

Hopefully this guide, in combination with ongoing specialized training, will be a significant milestone as the child welfare sector is challenged to take on a leadership role in addressing violence against women and children.

Further information on any of these projects can be obtained by contacting the agencies directly. For more details please refer to **Appendix "E"**.

Legislation

In 2004, the DVDRC recommended that the province review the *Children's Law Reform Act* and work in collaboration with the federal government's review of the *Divorce Act* to ensure that domestic violence is given a prominent role in judicial decision-making when considering child custody. The *Children's Law Reform Act* was recently amended to include domestic violence as a factor to be considered in custody cases. Under Custody and Access, section 24 titled "Merits of application for custody or access", the Act states,

"In assessing a person's ability to act as a parent, the court shall consider the fact that the person has at any time committed violence against his or her spouse or child, against his or her child's parent or against another member of the person's household. R.S.O. 1990, c. C.12, s. 78 (2); 1999, c. 6, s. 7 (1); 2005, c.5, s.8 (1)." (www.canlii.org/on/laws/sta/c-12/20051019/whole.html#BK28)

Future Issues Any new initiatives or ongoing developments in response to prior recommendations of the DVDRC may be directed to the Chair, care of the Office of the Chief Coroner.

Committee Membership

William J. Lucas, MD, CCFP
Committee Chair
Regional Supervising Coroner, Central

Karen Bridgman-Acker, MSW, RSW
Child Welfare Specialist
Paediatric Death Review Committee
Office of the Chief Coroner

Myrna Dawson, Ph.D.
Department of Sociology & Anthropology
University of Guelph

Len Favreau, M.A.
Peel Region, Ontario
Inspector, Peel Regional Police

Vivien Green
Toronto, Ontario
Executive Director, Woman Abuse Council of Toronto

Peter Jaffe, **Ph.D.**
London, Ontario
Professor, Faculty of Education
Academic Director, Centre for Research on Violence Against Women & Children
University of Western Ontario
Director Emeritus, Centre for Children and Families in the Justice System of the London Family Court Clinic

Beth Jordan
Toronto, Ontario
Managing Director, Adobe Consulting Services

Dr. Barbara Lent, M.A., M.D., CCFP, FCFP
London, Ontario
Family Physician
Associate Professor, Department of Family Medicine
Associate Dean, Equity and Gender Issues, and Faculty Health
The University of Western Ontario

Robert Morris
Goderich, Ontario
Crown Attorney, Ministry of the Attorney General
Co-chair, Huron Assessment Risk Reduction Team (HARRT)

Susan Physick, R.N.
Toronto, Ontario
Manager (former) with the Victim/Witness Assistance Program

Deborah Sinclair, M.S.W.
Social Worker with an independent practice in Toronto

Kevin Sisk
Barrie, Ontario
Assistant Crown Attorney
Chairperson Domestic Assault Review Team (DART), Midland

Dawna Speers
Mississauga, Ontario
The Speers Society www.speerssociety.org

Lynn Stewart, Ph.D., C.Psych.
National Manager, Family Violence Prevention programs
Correctional Service Canada

Research Assistant

Marcie Campbell
London, Ontario
Research Assistant, Office of the Chief Coroner of Ontario
Research Assistant, Centre for Research on Violence Against Women and Children

Ex Officio

Dr. Barry McLellan
Chief Coroner of Ontario,

Dr. Jim Cairns
Deputy Chief Coroner – Investigations

Dr. Bonita Porter
Deputy Chief Coroner – Inquests

Regional Supervising Coroners:

Dr. Peter A. Clark, Northeastern (Peterborough)
Dr. Jim Edwards, Toronto East
Dr. David H. Evans, Acting/Central West (Guelph)
Dr. Bert Lauwers, Toronto West
Dr. David A. Legge, Northwestern (Thunder Bay)
Dr. Andrew McCallum, Eastern (Kingston)
Dr. Jack Stanborough, Southwestern (London)
Dr. David Eden, Niagara (St. Catharines)

OCC Staff

Dom Beckett, D/S/Sgt. OPP
Executive Officer

Julie McCreary
Administrative Coordinator

APPENDIX "A"

Ontario Domestic Violence Death Review Committee Risk Factor Coding Form

Risk Factor	Code (P,A, Unk)
1. History of violence outside of the family by perpetrator*	
2. History of domestic violence	
3. Prior threats to kill victim	
4. Prior threats with a weapon*	
5. Prior assault with a weapon*	
6. Prior threats to commit suicide by perpetrator*	
7. Prior suicide attempts by perpetrator*	
8. Prior attempts to isolate the victim	
9. Controlled most or all of victim's daily activities	
10. Prior hostage-taking and/or forcible confinement	
11. Prior forced sexual acts and/or assaults during sex	
12. Child custody or access disputes	
13. Prior destruction of victim's property	
14. Prior violence against family pets	
15. Prior assault on victim while pregnant	
16. Choked victim in the past	
17. Perpetrator was abused and/or witnessed domestic violence as a child	
18. Escalation of violence	
19. Obsessive behaviour displayed by perpetrator	
20. Perpetrator unemployed	
21. Victim and perpetrator living common-law	
22. Presence of stepchildren in the home	
23. Extreme minimization and/or denial of spousal assault history	
24. Actual or pending separation	
25. Excessive alcohol and/or drug use by perpetrator*	
26. Severe and excessive alcohol and/or drug use by perpetrator*	
27. Depression – family/friend/acquaintance opinion - perpetrator*	
28. Depression – professionally diagnosed – perpetrator*	
29. Other mental health or psychiatric problems – perpetrator	
30. Access to or possession of any firearms	
31. New partner in victim's life	
32. Failure to comply with authority – perpetrator*	
33. Perpetrator exposed to/witnessed suicidal behaviour in family of origin*	
34. After risk assessment, perpetrator had access to victim*	
35. Youth of couple	

* = Revised or new item
Code explanations:
P= Evidence suggests that the risk factor was present
A= Evidence suggests that the risk factor was absent
Unknown (Unk) = A lack of evidence suggests that a judgment cannot be made

Risk Factor Descriptions

Perpetrator = primary aggressor in the relationship
Victim = primary target of the perpetrator's abusive/maltreating/violent actions

1. Any actual or attempted assault on any person who is not, or has not been, in an intimate relationship with the perpetrator. This could include friends, acquaintances, or strangers. This incident did not have to necessarily result in charges or convictions and can be verified by any record (e.g., police reports; medical records) or witness (e.g., family members; friends; neighbours; co-workers; counsellors; medical personnel, etc.).

2. Any actual, attempted, or threatened abuse/maltreatment (physical; emotional; psychological; financial; sexual, etc.) toward a person who has been in, or is in, an intimate relationship with the perpetrator. This incident did not have to necessarily result in charges or convictions and can be verified by any record (e.g., police reports; medical records) or witness (e.g., family members; friends; neighbours; co-workers; counsellors; medical personnel, etc.). It could be as simple as a neighbour hearing the perpetrator screaming at the victim or include a co-worker noticing bruises consistent with physical abuse on the victim while at work.

3. Any comment made to the victim, or others, that was intended to instill fear for the safety of the victim's life. These comments could have been delivered verbally, in the form of a letter, or left on an answering machine. Threats can range in degree of explicitness from "I'm going to kill you" to "You're going to pay for what you did" or "If I can't have you, then nobody can" or "I'm going to get you."

4. Any incident in which the perpetrator threatened to use a weapon (e.g., gun; knife; etc.) or other object intended to be used as a weapon (e.g., bat, branch, garden tool, vehicle, etc.) for the purpose of instilling fear in the victim. This threat could have been explicit (e.g., "I'm going to shoot you" or "I'm going to run you over with my car") or implicit (e.g., brandished a knife at the victim or commented "I bought a gun today"). Note: This item is separate from threats using body parts (e.g., raising a fist).

5. Any actual or attempted assault on the victim in which a weapon (e.g., gun; knife; etc.), or other object intended to be used as a weapon (e.g., bat, branch, garden tool, vehicle, etc.), was used. Note: This item is separate from violence inflicted using body parts (e.g., fists, feet, elbows, head, etc.).

6. Any act or comment made by the perpetrator that was intended to convey the perpetrator's idea or intent of committing suicide, even if the act or comment was not taken seriously. These comments could have been made verbally, or delivered in letter format, or left on an answering machine. These comments can range from explicit (e.g., "If you ever leave me, then I'm going to kill myself" or "I can't live without you") to implicit ("I'm going away"). Acts can include, for example, giving away prized possessions.

7. Any actual suicidal behaviour (e.g., swallowing pills; holding a knife to one's throat, etc.), even if the behaviour was not taken seriously or did not require arrest, medical attention, or psychiatric committal. Behaviour can range in severity from superficially cutting the wrists to actually shooting or hanging oneself.

8. Any non-physical behaviour, whether successful or not, that was intended to keep the victim from associating with others. The perpetrator could have used various psychological tactics (e.g., guilt trips) to discourage the victim from associating with family, friends, or other acquaintances in the community (e.g., "if you leave, then don't even think about coming back" or "I never like it when your parents come over" or "I'm leaving if you invite your friends here").

9. Any actual or attempted behaviour on the part of the perpetrator, whether successful or not, intended to exert full power over the victim. For example, when the victim was allowed in public, the perpetrator made her account for where she was at all times and who she was with. Another example could include not allowing the victim to have control over any finances (e.g., giving her an allowance, not letting get a job, etc.).

10. Any actual or attempted behaviour, whether successful or not, in which the perpetrator physically attempted to limit the mobility of the victim. For example, any incidents of forcible confinement (e.g., locking the victim in a room)

or not allowing the victim to use the telephone (e.g., unplugging the phone when the victim attempted to use it). Attempts to withhold access to transportation should also be included (e.g., taking or hiding car keys). The perpetrator may have used violence (e.g., grabbing; hitting; etc.) to gain compliance or may have been passive (e.g., stood in the way of an exit).

11. Any actual, attempted, or threatened behaviour, whether successful or not, used to engage the victim in sexual acts (of whatever kind) against the victim's will. Or any assault on the victim, of whatever kind (e.g., biting; scratching, punching, choking, etc.), during the course of any sexual act.

12. Any dispute in regards to the custody, contact, primary care or control of children, including formal legal proceedings or any third parties having knowledge of such arguments.

13. Any incident in which the perpetrator intended to damage any form of property that was owned, or partially owned, by the victim or formerly owned by the perpetrator. This could include slashing the tires of the car that the victim uses. It could also include breaking windows or throwing items at a place of residence. Please include any incident, regardless of charges being laid or those resulting in convictions.

14. Any action directed toward a pet of the victim, or a former pet of the perpetrator, with the intention of causing distress to the victim or instilling fear in the victim. This could range in severity from killing the victim's pet to abducting it or torturing it. Do not confuse this factor with correcting a pet for its undesirable behaviour.

15. Any actual or attempted form physical violence, ranging in severity from a push or slap to the face, to punching or kicking the victim in the stomach. The key difference with this item is that the victim was pregnant at the time of the assault and the perpetrator was aware of this fact.

16. Any attempt (separate from the incident leading to death) to strangle the victim. The perpetrator could have used various things to accomplish this task (e.g., hands, arms, rope, etc.). Note: Do not include attempts to smother the victim (e.g., suffocation with a pillow).

17. As a child/adolescent, the perpetrator was victimized and/or exposed to any actual, attempted, or threatened forms of family violence/abuse/maltreatment.

18. The abuse/maltreatment (physical; psychological; emotional; sexual; etc.) inflicted upon the victim by the perpetrator was increasing in frequency and/or severity. For example, this can be evidenced by more regular trips for medical attention or include an increase in complaints of abuse to/by family, friends, or other acquaintances.

19. Any actions or behaviours by the perpetrator that indicate an intense preoccupation with the victim. For example, stalking behaviours, such as following the victim, spying on the victim, making repeated phone calls to the victim, or excessive gift-giving, etc.

20. Employed means having full-time or near full-time employment (including self-employment). Unemployed means experiencing frequent job changes or significant periods of lacking a source of income. Please consider government income assisted programs (e.g., O.D.S.P.; Worker's Compensation; E.I.; etc.) as unemployment.

21. The victim and perpetrator were cohabiting.

22. Any child(ren) that is(are) not biologically related to the perpetrator.

23. At some point the perpetrator was confronted, either by the victim, a family member, friend, or other acquaintance, and the perpetrator displayed an unwillingness to end assaultive behaviour or enter/comply with any form of treatment (e.g., batterer intervention programs). Or the perpetrator denied many or all past assaults, denied personal responsibility for the assaults (i.e., blamed the victim), or denied the serious consequences of the assault (e.g., she wasn't really hurt).

24. The partner wanted to end the relationship. Or the perpetrator was separated from the victim but wanted to

renew the relationship. Or there was a sudden and/or recent separation. Or the victim had contacted a lawyer and was seeking a separation and/or divorce.

25. Within the past year, and regardless of whether or not the perpetrator received treatment, substance abuse that appeared to be characteristic of the perpetrator's dependence on, and/or addiction to, the substance. For example, people described the perpetrator as constantly drunk or claim that they never saw him without a beer in his hand. Please include comments by family, friends, and acquaintances that are indicative of annoyance or concern with a drinking or drug problem and any attempts to convince the perpetrator to terminate his substance use.

26. Within the past year, and regardless of whether or not the perpetrator received treatment, substance abuse that substantially impaired the perpetrator's health or social functioning (e.g., resulted in an overdose, or job loss, or arrest, etc.).

27. In the opinion of any family, friends, or acquaintances, and regardless of whether or not the perpetrator received treatment, the perpetrator displayed symptoms characteristic of depression.

28. A diagnosis of depression by any mental health professional (e.g., family doctor; psychiatrist; psychologist; nurse practitioner), regardless of whether or not the perpetrator received treatment.

29. For example: psychosis; schizophrenia; bi-polar disorder; mania; obsessive-compulsive disorder, etc.

30. The perpetrator stored firearms in his place of residence, place of employment, or in some other nearby location (e.g., friend's place of residence, or shooting gallery). Please include the perpetrator's purchase of any firearm within the past year, regardless of the reason for purchase.

31. There was a new intimate partner in the victim's life.

32. The perpetrator has violated any family, civil, or criminal court orders, conditional releases, community supervision orders, or "No Contact" orders, etc. This includes bail, probation, or restraining orders, and bonds, etc.

33. As a(n) child/adolescent, the perpetrator was exposed to and/or witnessed any actual, attempted or threatened forms of suicidal behaviour in his family of origin. Or somebody close to the perpetrator (e.g., caregiver) attempted or committed suicide.

34. After a formal (e.g., performed by a forensic mental health professional before the court) or informal (e.g., performed by a victim services worker in a shelter) risk assessment was completed, the perpetrator still had access to the victim.

35. Victim and perpetrator were between the ages of 15 and 24.

Appendix "B"

Table 6 – Ontario Cities and Towns and Domestic Violence Fatalities
(Note: Total Population of Ontario, most recent census 12,686,952)

City	Population	Percentage of Domestic Homicides in Ontario	Percentage of Population of Ontario 12,686,952)
Toronto	2503281	21.2	19.731
York	892712	0.9	7.036
Ottawa	812129	5.3	6.401
Mississauga	668549	3.5	5.270
Scarborough	593297	5.3	4.680
Hamilton	504559	1.8	3.980
Brampton	433806	0.9	3.419
London	352395	3.5	2.778
Etobicoke	338117	0.9	2.665
Vaughan	238866	1.8	1.883
Windsor	216473	2.7	1.706
Kitchener	204668	1.8	1.613
Burlington	164415	0.9	1.295
Richmond Hill	162704	1.8	1.282
Sudbury*	157857	0.9	1.244
Oshawa	141590	1.8	1.116
Nepean	135000	0.9	1.064
St. Catharines	131989	1.8	1.040
Barrie	128430	0.9	1.012
Kingston	117207	1.8	1.023
Whitby	111184	0.9	0.876
Chatham-Kent	108177	0.9	0.853
Thornhill	106394	0.9	0.839
Brantford	90192	0.9	0.711
Ajax	90167	0.9	0.711
Northumberland County	80963	0.9	0.638
Peterborough	74898	1.8	0.590
Sarnia	71419	2.7	0.563
Bruce County	63892	0.9	0.504
Cornwall	45965	1.8	0.362
Orangeville	26925	0.9	0.212
Bolton	26371	0.9	0.208
Grimsby	23937	1.8	0.189
Owen Sound	21753	0.9	0.171
Essex	20032	0.9	0.158
Dundas	20000	0.9	0.158
Spring Bay Area	18376	0.9	0.145
Huntsville	18280	0.9	0.144
Thorold	18224	0.9	0.144
Lindsay	16930	0.9	0.133
Bracebridge	15652	0.9	0.123
Kenora	15177	0.9	0.120
Pembroke	13930	0.9	0.110
Millgrove	10785	0.9	0.085
Alliston	9679	0.9	0.076
Embro	8052	0.9	0.063
Port Perry	7244	0.9	0.057
Wikwemikong	6409	0.9	0.051
Iroquois Falls	5217	0.9	0.041
Marmora	3912	0.9	0.031
Marathon	3863	0.9	0.030

Atikokan	3293	0.9	0.026
Port Stanley	2521	0.9	0.020
Coldwater	1200	0.9	0.009
St. Charles	1159	0.9	0.009
Barry's Bay	1100	0.9	0.009
Port Rowan	1000	0.9	0.008
Gogama	596	0.9	0.000

*(Greater Sudbury, Grand Sudbury)

http://12.statcan.ca/english/census01/products/standard/popdwell/Table-CSD-M.cfm?T=1&PR=35&CD=3557 http://www12.statcan.ca/english/profil01/CP01/Index.cfm?Lang=E

Appendix “C”

General Themes of Recommendations from 2003-2005

Over the past three years, the committee has generated numerous recommendations aimed at preventing future domestic homicides. Several of the cases reviewed generated similar recommendations. Therefore, the committee has summarized all the recommendations made in 2003 to 2005.

Awareness and Education

Education and awareness to the general public and professionals

1. There is a continuing need to better educate both the public and professionals (including frontline workers, healthcare providers, police, lawyers, judges, and child protection services) who come into contact with victims and perpetrators about the dynamics of domestic violence and the need to take appropriate action with potential abusers, victims, and their children. Specifically, public education and awareness campaigns should target potential victims and perpetrators of domestic violence and should include an awareness of the different forms of domestic abuse and the risk factors for potential lethality. All education and awareness programs should address cultural diversity and the concept of the *culture of silence*.

2. Every community where a domestic violence-related homicide takes place should be supported to undertake a community-based education process focusing on prevention. It has been recommended that a central provincial resource be identified to provide resources, support, and expertise to assist that community to use the tragedy as a catalyst for action. The members of the local community should take the lead in planning the educational process and the provincial government should provide the necessary assistance, such as funding for public education materials, meetings, and other public awareness events. This provincial response to domestic violence homicides would ensure that each community is supported in creating its own unique response that promotes collective awareness of spousal and child abuse, and may help in the prevention of future similar deaths within that community.

Training

3. It is recommended that professionals (healthcare providers, frontline workers, lawyers, police, judges, mental health workers) who work with victims and perpetrators of domestic violence have adequate training in risk assessment. Furthermore, professionals should be aware of the appropriate referrals and support services that are offered for both victims and perpetrators. Training needs to focus on identifying high-risk cases (especially when child custody or access is involved) and addressing the dual goals of victim safety (intervention) and offender risk reduction/ containment (case management). Frontline workers should be educated on the effects of drugs and alcohol and the difficulties in assessing domestic violence with victims when alcohol and/or drugs are involved. Training workshops should be developed and delivered by trained experts from the cultural communities being served, and cross-cultural and cultural competence training should be mandatory in all training programs with frontline workers and professionals.

Systems of Education (including elementary, high school, college, university, and graduate programs).

4. It is recommended that school boards should institute curriculum-based healthy relationship programs as an essential part of the education system. These programs should inform students (kindergarten to grade 12) of strategies for positive interpersonal relationships, the warning signs of abuse and the potential for violent/ abusive behaviour, and community resources that support and sustain healthy interpersonal relationship choices in prevention and intervention programs. These programs need to recognize the different roles in which children and adolescents come in contact with domestic violence, such as violence in the home, in the media, and in dating relationships. Furthermore, it is recommended that graduate schools, such as law, medicine, social work, and counselling/psychology, have subject matter on domestic violence as a regular part of the curriculum in courses and in continuing education programs.

5. It is recommended that the Ontario Court of Justice consider using examples of high-risk cases where judicial interim releases occurred as case scenarios for the ongoing educational programs for Justices of the Peace who conduct the majority of bail hearings in the province. Several tragic cases involving perpetrators with a number of pre-existing risk factors who had been released on bail and who subsequently killed their spouse and/or child provide important lessons on how to learn how to avoid future tragedies.

Assessment and Intervention

Risk Assessment Tools

6. The committee recommends that all professionals (frontline workers, healthcare providers, police, lawyers,

mental health workers) use standardized risk assessment tools to thoroughly assess and manage the potential risk for the victim and the danger of the perpetrator. Many professionals are well placed to gather critical information after victims or perpetrators present with physical injuries or mental distress. A standardized risk assessment tool will help professionals conduct appropriate and effective risk management for both the victims and the perpetrator. Furthermore, professionals should be trained in using similar risk assessment tools and adopt an appropriate risk assessment process at a local level to facilitate and enhance communication between agencies and professionals when a person is identified to be at risk.

Safety Planning/Shelters

7. All victims experiencing any form of domestic violence should be referred to and directly involved in a safety planning process whenever abuse is disclosed to social workers/counsellors, shelter, or other services for abused persons, such as physicians, the police, and victim services. Furthermore, it is recommended that, in any community where there are a number of shelters available to assist victims of domestic violence, a central registry of available beds for victims, as well as a means of transportation to the available facility, be established. Additionally, shelters should be supported to create ways to effectively coordinate services and referrals to minimize the need for a woman seeking shelter to navigate the system on her own, and to maximize the ways shelters can work together to provide a seamless and supportive response to the woman and her children.

High-risk cases and case management

8. There is a need for greater use of case conferencing systems that share information and action plans between justice partners, health professionals, and counsellors regarding safety issues and "high-risk" cases. It is recommended that police put processes into practice to identify, monitor, and manage high-risk cases, and to vigorously enforce bail conditions arising from a violent offence or threat of violence. Further, it is recommended that police services institute a dedicated police unit that has links to community-based experts to deal specifically with high-risk domestic violence cases, to ensure an appropriate case management response in such cases. The Ministry of Community Safety and Correctional Services, Policing Standards Section could either develop a stand-alone model to manage high-risk domestic violence cases, or include domestic violence in the current Standard that addresses high-risk cases.

Police Interventions

9. It is recommended that police services put processes into practice to ensure that 911 call-takers and dispatch personnel receive specialized training in domestic violence. Guidelines should be established with prioritized questions to assist 911 call-takers and dispatch personnel to assess immediate risk to the caller and to first responders.

10. It is recommended that a protocol be established for immediately entering restraining orders into the CPIC (Canadian Police Information Centre) system so that if there is a breach, the police can act immediately under the *Family Law Act*. Many domestic violence victims are not involved in the criminal justice system, but may be involved in Family Court on matters of child custody or seeking protection by application for a restraining order. Concerns have been expressed that civil orders from the Family Court may not be taken as seriously and may not be enforced by the police.

Crown Interventions

11. It is recommended that a protocol be established between police and Crown Counsel to ensure that persons proposed as surety: 1) be properly investigated as to their suitability to act as surety; 2) be fully informed about their responsibilities as surety both in writing and on the court record; and 3) be warned, in writing and on the court record, as to their potential liability under estreatment and as party to a criminal offence in the event they breach their duty.

12. The committee recommends stricter adherence to the provincial policy stating that, upon conviction for a domestic violence offence, the Crown seeks an order requiring an offender to attend a batterer intervention program such as Partner Assault Response (PAR) as part of a probation term.

Workplace Interventions

13. It is recommended that all workplaces design and implement a policy to address domestic violence as it relates to the workplace. Employees, employers, and managers should be educated about the dynamics of domestic violence so they are able to identify an abusive relationship and offer the appropriate supports. Workplaces should provide a resource list of suitable referral agencies and a safety plan for victims should be developed and implemented in the case that a domestic violence case arises.

Healthcare and Social Services Interventions

14. It is recommended that health and social service professionals assess the possibility of childhood histories of exposure to domestic violence and develop intervention strategies to recognize this factor as part of an overall treatment plan. Some research points to the possibility that exposure to violence in childhood may be associated with adult attitudes and propensity to use or condone violence within intimate relationships. Seeking this information as a standardized part of any assessment as well as identifying intervention strategies to help adults cope with this childhood history is important. These intervention strategies may form part of an overall treatment plan, as exposure to domestic violence is most often only one dimension of presenting problems.

Access and Control of Firearms

15. Access to firearms is an important risk factor for domestic homicide. Moreover, restricting access to firearms is important for effective intervention and risk management. It is especially important to restrict access to firearms when the perpetrator is dealing with mental and/or emotional issues, and during the time of separation or imminent separation. Thus, it is recommended that every effort be made by family members, friends, and community professionals to have firearms removed from individuals who are going through a separation in their relationships and showing signs of depression, or suicidal or homicidal ideation.

Persons working in occupations with access to firearms, such as police, may experience barriers in the workplace preventing the disclosure of mental health and emotional problems. It is recommended that a change in the organizational culture be initiated to establish a climate conducive to such disclosure, without fear of recrimination or employment restrictions. It is also recommended that where feasible and practical, police services should give consideration to supervised control of issued firearms when officers are off duty.

Resources

General Resources

16. All of the above recommendations address the lack of programming and services with the recognition that they require the necessary resources to become operational to ensure victim safety and reduce perpetrator risks. These resources include, but are not limited to: support for removing the victim from the situation, if appropriate; affordable, alternative housing; counselling services for victims and families; and other community and culturally based support systems and services for victims, perpetrators, and children exposed to domestic violence resources to effectively respond to and manage cases identified as "high-risk" resources needed for training and providing the necessary tools to protect children and victims and to assess the risk associated with domestic violence.

Rural Communities

17. It is recommended that additional resources be made available to develop or provide access to domestic violence services for people living in northern (rural and remote) communities.
Resources should be made available to develop domestic violence services that are culturally specific and appropriate for the population served. Services should be delivered to the community where domestic violence services are needed, and/or the people requiring domestic violence services should be provided with transportation to areas where such services can be accessed.

Resources for Homicide and Suicide Investigations

18. It is recommended that a protocol be established for a thorough investigation of domestic violence fatalities that involve both homicide and suicide. In 64% of the cases reviewed by the committee, the perpetrator subsequently took his own life. For various reasons, these cases are not as rigorously investigated as those leading to criminal charges. An altered approach which provides more comprehensive information will assist in the community's efforts to better understand the root causes of domestic violence, as well as the best course and practices for its prevention.

Child-Related Issues

Legislation

19. It is recommended that the province review the *Children's Law Reform Act* and work in collaboration with the federal government's review of the *Divorce Act* to ensure that domestic violence is given a prominent role in judicial decision-making when considering child custody. Similarly, the *Child and Family Services Act* should also be reviewed to ensure consistency with the legislation noted above in requiring specific consideration of the presence and effect of domestic violence in custody matters. It is recommended that all child welfare organizations follow the provincial policy currently in place, known as the *CAS/VAW Collaboration Agreement*. This policy informs how both the violence against women and child welfare sectors must work together in situations where there is violence against women.

Assessment

20. It is recommended that child welfare and protection agencies screen for domestic violence in all cases. As part of the process, it is necessary for them to locate, interview, and assess all partners involved. It is important that Child Protection Agencies interview each parent separately when conducting a child abuse investigation and have the issue of domestic violence as an integral part of their risk assessment process. It is recommended that child welfare and protection workers utilize a standardized assessment tool to identify the level of risk involved. Where there is evidence of domestic violence, they must take the necessary steps to use their authority under the *Children and Family Services Act* to make appropriate interventions with the abuser to protect the mother and child. Furthermore, it is recommended that before deciding on the nature of access, assessment reports prepared by qualified assessors with domestic violence training should be considered by Family Court judges. This assessment is especially valid when dealing with someone who has a history of domestic violence, as demonstrated by a prior criminal record for related offences.

Guidelines provided by Provincial Government in dealing with domestic violence, children and custody, or access disputes.

21. It is recommended that the province develop a discussion paper and inter-ministerial guidelines for all cases involving domestic violence, children and custody, or access disputes. The paper and guidelines should encourage enhanced coordinated practices and protocols within and between the family and criminal courts, as well as court-related services such as victim–witness services, mediation, supervised access, Child Protection Agencies, batterer intervention programs, and probation supervision. An effective response to domestic violence requires not only well-informed individual interventions, but also coordination of services by different professionals involved with family members.

General Public

22. The requirement for third parties to report child abuse when a child's safety and life is placed at risk needs to be more widely publicized.

Appendix "D"
Domestic Violence: The role of the physician in preventing morbidity and mortality

By Dr. Barbara Lent and Dr. Bonita Porter

The Domestic Violence Death Review Committee of the Office of the Chief Coroner of Ontario

Over the last four years, an average of 38 Ontarians have died each year from domestic violence. This number represents a small proportion of hundreds of other serious assaults and attempted murder cases. Following three high profile Coroners' Inquests into such tragedies in 1998 – 2002, the Chief Coroner of Ontario established a Domestic Violence Death Review Committee, whose mandate is to look at the circumstances of the deaths of Ontario citizens that occur in the context of domestic violence and to learn from such tragedies. The members of the committee include physicians (including several coroners), police officers, lawyers, educators, and individuals who have worked directly with women who have experienced violence in their intimate relationships.

In the year prior to the establishment of the multidisciplinary committee in 2002, 40 individuals died as a result of domestic violence, including 21 women and four children; six men killed themselves after killing their partners. The committee has completed a comprehensive review of 34 cases, examined some information from more than 100 cases and released three annual reports that highlight several important issues for physicians.

Most of the perpetrators had seen their family physicians in the year prior to the violence; more than 70% of the perpetrators were depressed, and more than 40% had a history of substance abuse. Several had been treated with antidepressants, although it was unclear if they had been assessed for the risk of suicide or homicide.

The information gleaned from the comprehensive review of 34 cases is consistent with published reports from other jurisdictions. More than 80% of the cases had four or more of the risk factors that researchers have delineated as markers of the lethality of the situation; two thirds of the cases had seven or more known risk factors associated with lethality in domestic violence situations. This case series demonstrates again that the most important risk factor is a recent or pending separation. Other important risk factors, present in more than half the cases reviewed, include a history of depression, a past history of domestic violence (which was known to family or friends in more than half of these cases), a history of suicidal threats or gestures, and access to weapons. Four of the nine cases reviewed in the second year involved child custody and access disputes.

If asked, patients may talk to their family physicians, with whom they have long-term relationships, about the difficulties they are experiencing in their intimate relationships. This behoves family physicians to be aware of how common the problem of domestic violence is in many homes. In addition, family physicians should be able to assess the riskiness of patients' home environments, especially if there has been a recent or pending separation. If physicians feel they lack the skill or expertise to make such assessments, they should ensure they know of other health-care providers or community agencies to whom they can refer these patients.

The following are some important considerations for family physicians in dealing with patients who may be perpetrators or victims of domestic violence:

A prior history of abusive behaviour, combined with a diagnosis of depression and inappropriate use of alcohol, street drugs or prescription drugs, should alert professionals to the strong possibility of repeated violence. In such a situation, health-care professionals should inform their patients about the dangerousness or lethality of the situation and urge such individuals to seek help. Depending on their assessment of the risk and the apparent impulsivity of the abusive partner, family physicians may need to consider warning the other partner or informing the police of their concerns about the possibility of worsening violence.

When treating patients for depression and/or anxiety, it is important to ask about suicidal and/or homicidal thoughts and to consider the risk of the patient acting on such thoughts. The patient's depression and/or anxiety may reflect the patient's experience of domestic violence or may increase the likelihood of abuse. In addition, physicians need to be particularly attentive to the possibility of access to firearms or other weapons, especially when working in rural communities.

In situations where physicians find themselves caring for both the victims of abuse within an intimate or family context and the perpetrators of the same abuse, they must ensure that the needs of the abused women and the perpetrators are addressed independently, such that their rights to autonomy, confidentiality, honesty, and quality of care are maintained. Couple or marital therapy is contraindicated unless the abused partner's safety can be ensured and the perpetrator has taken responsibility for the abusive behaviour.

Physicians need to recognize that children exposed to domestic violence may suffer from significant emotional and behavioural problems related to this experience. In addition, there is a strong association between woman abuse and child abuse, which must be reported to the appropriate child protection services.

Currently, medical students learn about domestic violence as part of their undergraduate medical curriculum. Practising physicians can seek out opportunities to enhance their knowledge and skills with respect to domestic violence by attending hospital grand rounds and/or various scientific meetings*, or by visiting websites directed at physicians, such as the consensus statement of the Society of Obstetricians and Gynaecologists of Canada.**

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Dr. Barbara Lent is a family physician from London, Ontario and a member of the Domestic Violence Death Review Committee.

Dr. Bonita Porter is Deputy Chief Coroner of Inquests, and a member of the Domestic Violence Death Review Committee

* The Ontario College of Family Physicians offers a MainproC course on domestic violence. (1 800 670-6237)
** Useful information can be found at the following websites:
http://www.sogc.org/health/health%2Dipv%5Fe.asp
http://www.cdc.gov/nccdphp/drh/violence/ipvdp.htm
http://www.cpso.on.ca/Publications/Dialogue/July06/domestic.htm

Appendix "E"

Enhancing the Response of Child Protection to Domestic Violence

Building on past VAW /CAS training, innovative collaborations and models of service delivery are being developed across the Province to enhance response to women and children, build bridges between the sectors and ultimately support the safety of women and children while holding men accountable for their abusive behaviour.

A number of CAS/VAW collaborations are based on the Ontario Association of Interval and Transition Houses model (OAITH). OAITH (2003) has developed a comprehensive and innovative Model of Collaboration, (outlined in *the best interests of children and mothers. A proposed child welfare response to violence against women (2003))* between the VAW and child welfare sectors that includes the introduction of a Woman Abuse Coordinator into child welfare practice to ensure ongoing support and technical assistance for child welfare staff in responding to woman abuse and child witnessing of violence. The Coordinator would work as part of a team with frontline child welfare workers and community child witness and women's advocates involved with woman abuse cases. Their model includes the creation of a Community Reference Group to promote accountability and reflect the diversity of the families being served within each community and the creation of a Case Review Team to monitor and improve effectiveness of their interventions. This document can be downloaded from the OAITH website www.cecw-cepc.ca/DOCSEng/OAITHFinalresponse.pdf

Variations of the OAITH model are currently being developed in a number of communities in the Province such as Hamilton, Ottawa and Thunder Bay and District (Greenstone and Marathon).

Peel Region is the home of another exciting innovation. Catholic Family Services Peel-Dufferin, as the lead agency, has been collaborating with the Peel Children's Aid Society and Family Services of Peel for the past four years to develop the Safer Families Program, a differential response to child welfare cases involving children's exposure to domestic violence. The Program's goal is to provide more effective service to families at the front-end of their involvement with the child welfare system by using inter-agency assessment and intervention teams consisting of a child welfare intake worker and a Family Service Association violence against women counsellor. The initial assessment is done jointly and then the family is offered ongoing counselling services through Safer Families. This early intervention increases the safety of women and children and reduces long-term involvement with child welfare. This program also emphasizes father involvement and has a fathering specialist on the team. Whenever contact information is available and permission is given by the children's mother, outreach to the children's father is undertaken to involve him in services to support him in creating safety in his family, while holding him accountable for his violence. To further support men in accountable fathering, Safer Families offers a group program called "Best Fathers Possible".

Peel Region has also effectively utilized the CAS/VAW Collaborative Agreement as a method of building bridges between the two sectors. Since the introduction of the Collaborative Agreement by the Province, Peel CAS has collaborated with Peel VAW agencies in providing joint training to both CAS and VAW workers on the Agreement. Four to five trainings are offered every year to new workers. The cost for hosting the training is borne by the CAS and the two sectors put forward trainers. An evaluation conducted this past year indicated that both VAW and CAS workers are very satisfied with the way the other sector works with them. There is a CAS/VAW Collaborative Committee that meets quarterly to oversee the process. Peel CAS has also designated internal staff who were trained initially to take these cases. Overtime they have expanded that pool. They conduct Monthly Steering Committee meetings, quarterly ED meetings, and regular joint staff meetings. Safer Families provided training on their model to a number of communities including Hamilton, Ottawa and Durham.

The protocols developed in Hamilton include a gender analysis anti-racist and anti-oppression framework. This framework has assisted both sectors in creating better service plans. In Hamilton, both child welfare agencies conducted pilots last year via transformation funds and community capacity building - they had VAW staff come into their agencies to provide clinical consultation to workers carrying VAW cases. This year those staff under Community capacity building dollars are providing clinical consultation as well as going out with staff.

Hamilton CCAS has formed a VAW team of 6 workers who were selected based on their experience and sensitivity to the issues. They have 2 men on the team to engage abusive men. There are two workers designated at this point to attend a local shelter to consult and assist staff at the shelter with child welfare issues. The shelter has provided additional support in this exchange program with a Transitional support worker who works with their CAS/VAW team as well.

The Ottawa VAW/CAS integrated response project is gear-

ing up for a launch in the Fall 2007. This project is in keeping with many of the critical pieces of the OAITH model described above as well as the Peel- Safer Families Program. This 2yr project will employ an integrated team made up of a VAW supervisor, and 2 VAW counsellors coupled with a 2 CAS supervisor team and a 7 CAS worker team. A community reference group will be established, as well as the current liaison committee, and the phone assessment team will have specific criteria in order to refer the most appropriate cases to the integrated response team. This project will be located in the main office of the Ottawa CAS and will also offer a consultative role with other CAS workers.

Thunder Bay and District (Greenstone and Marathon) VAW agencies each have VAW designates identified within their organizations to provide consultation with both CAS and Dilico. The role of the designate is similar to the one in the OAITH model in that they provide strategy suggestions to CAS workers on how to work with mothers who are victims of woman abuse and/or children who have witnessed the abuse. The designates also provide enhanced safety planning tips specific to each woman and her children as well as suggested resources. VAW designates have also gone out to women's homes to assist CAS in working with her. The collaborative agreement uses a female gendered analysis of VAW in its response. Building on the success of this initial model, this Fall with the use of Capacity Building dollars from Faye Peterson Transition House, Changing Ways staff in London delivered a one day workshop on "How to Work with Abusive Men" to CAS and Dilico workers as well as VAWs. The underlining message on how to hold men accountable for their violence was imperative when working with families in order to effectively address the danger the family faces. The workshop also stressed the importance of knowing and assessing what is going on with the perpetrator as an integral piece of Risk Assessment imperative when working in WA situations. The importance of using motivational interviewing techniques was addressed. Thunder Bay also links with London's Changing Ways to offer the "Caring Dads" Program (described below).

In the London area, the CAS provides group counselling programs for children exposed to domestic violence as well as their mothers in collaboration with other agencies. There are specialized programs for perpetrators of domestic violence that focus on their role as parents and recognition of the impact of the violence on their children. The program is called "Caring Dads" and is hosted by Changing Ways. For more information please visit their web-site at www.caringdadsprogram.com

Other examples of exciting developments in the child welfare sector include:

A highly successful specialized team called the Toronto CAS Domestic Violence Team was developed at Intake in June 2004 to address the overwhelming number of domestic violence referrals to the Society and to assist the agency in developing practice guidelines to more effectively deal with these cases. The Intake workers on this team are assigned to geographic areas as well as specific Violence Against Women (VAW) services in order to enhance and further develop positive community partnerships and relationships. A worker with knowledge of domestic violence is assigned to screen reports received coded for domestic violence investigations. That worker considers a differential response to cases that do not require investigations. This would include contacting women and offering referrals to VAW agencies, services for children, police services, Victim Services and court services as necessary. At the telephone Intake stage, written information is also offered to women and sent to them in a manner that ensures their safety and the safety of their children. Intake Workers on this team are assigned to all of the VAW shelters in the city of Toronto as liaisons. This team receives all of the referrals from the VAW shelters. Where investigations are required, workers on this team investigate new referrals to the agency where domestic violence has been identified as a primary reason for service (where the case is not already active).

Lastly, the Ontario Association of Children's Aid Societies (OACAS), with four partner organizations (the Catholic Children's Aid Toronto, the Peel Children's Aid Society, the Children's Aid Society of Toronto, and York University Continuing Education), began the original search for Best Practices in Canada in 2003. They are in the process of developing a Best Practice Guide for addressing domestic violence in a child welfare context with a focus on woman abuse in Ontario. Currently the draft is being reviewed by the Directors of Service and their staff and hopefully will be endorsed by November, 2007.

The child welfare field in Ontario has a unique window of opportunity to effect positive change in the lives of children exposed to domestic violence and their families. Hopefully this guide, in combination with ongoing specialized training, will be a significant milestone as the child welfare sector is challenged to take on a leadership role in addressing violence against women and children.

Further information on any of the above projects can be reached by contacting the agencies directly.

Appendix "F"

Huron **A**ssessment **R**isk **R**eduction **T**eam
Goderich, Ontario

Introduction

In a number of domestic homicide cases reviewed by the Chief Coroner's Domestic Violence Death Review Committee, pre-incident indicators were present that signalled imminent harm to the victim. In some of these cases, the perpetrator was recognized to be dangerous and the victim was recognized to be at high risk. Unfortunately, these indicators were not acted upon to trigger a case management response. This resulted in dire consequences to the victim.

Huron Assessment Risk Reduction Team (HARRT) was created in 2004 to address a systemic deficiency involving high risk victims of violence. In the recent past, many communities have recognized the importance of identifying high risk cases using various risk assessment tools. The systemic deficiency is that many of these communities have no mechanism in place to actively manage these cases.

HARRT fills this systemic void.

HARRT is comprised of justice partners who meet monthly (or as required) to assess and actively manage high risk cases of violence. Each case is discussed in detail and specific strategies are agreed upon, with action items assumed by the appropriate justice partners. Team members continue to communicate, update each other, and report on results at the next meeting.

Purpose

HARRT makes community safety the paramount consideration. HARRT relies on justice partnering, effective collaboration and shared case management planning. It develops a shared professional response to the risk of imminent harm presented by high-risk perpetrators whose cycle of violence is escalating. HARRT promotes a multi-agency approach for the protection of potential victims. HARRT is concerned with carrying out the right interventions at the right time.

HARRT Membership

For HARRT to be effective, it is critical that those persons who attend the meetings and manage the cases do so consistently and have authority to act. If they do not have the direct authority, that authority should be delegated to them on behalf of their supervisor so that decisions can be made quickly and effectively.

HARRT includes:

- The Crown Attorney
- The Manager of the Victim/Witness Assistance Program and/or delegate
- Huron O.P.P: D/Sgt.; Court Case Manager and the investigating officer, as required
- Wingham Police Service: Domestic Violence Coordinator
- Area Manager for Probation and Parole Services or delegate and probation officers, as required

HARRT may consult with community agencies as appropriate (e.g. Women's Shelter, PAR Program, C.A.S., Federal Parole, M.C.Y.S., Mental Health, VCARS).

HARRT Coordinator

For effective case management and management meetings, it is essential that there be a Coordinator to assume responsibility for HARRT.

The Coordinator position for HARRT is presently shared by the Crown Attorney and an O.P.P. Detective Sgt.

Responsibilities include arranging meetings, notifying members of referrals, chairing meetings, taking minutes, compiling and maintaining case lists, communicating assignments and following up with assignments.

Referrals

HARRT has adopted an open door policy with respect to referrals. Cases reviewed by HARRT do not require charges to be laid. By way of Memorandum, the following agencies have been aware of the referral process: Huron Law Association, O.P.P., Wingham Police Service, C.A.S., Probation and Parole, Women's Shelter, Canadian Mental Health, Courts Administration, V/WAP, VICARS, Group Delta/Renaissance. Usually, referrals are made by the justice partner most closely connected to the victim and offender.

A referral form is utilized and is faxed to the Crown Attorney. If the person making the referral is a justice partner, then they will liaise with the team to determine whether HARRT should review the case.

If it is determined that a review should be undertaken, the

Coordinator will place the case on the agenda.

In the event that a case is not accepted for review, the Coordinator will notify the person making the referral. HARRT will be prepared to re-assess the case, should further relevant information become available.

High Risk Inclusion Criteria

Dangerousness is situational. In determining dangerousness, HARRT not only assesses individuals, but does so in the context of their current situation. HARRT is concerned with determining how the most recent incident of violence relates to the overall history and context of violence in the relationship.

HARRT is mindful of the following well known risk factors which may be present in cases resulting in serious bodily harm or death.

- Violent and constant jealousy
- Controlling behaviour
- Use of weapons or threats to use weapons
- Increase in physical violence in frequency and severity
- Violence outside the home
- Threatened or tried to commit suicide
- Criminal harassment or stalking
- Attempted to choke victim
- Access to guns or weapons
- Delusion, paranoia or depression (no hope)
- Alcohol or drug addiction
- Difficult separation
- Stepchildren in home

Although HARRT is aware that cases with many risk factors are serious, there may be cases with few or no risk factors that may still become lethal. HARRT places much weight on intuitive fears expressed by the victim, even though other risk factors may not be present. HARRT also relies on its collective knowledge and experience in deciding which cases are high risk cases.

Usually, the determination of a high risk case is not difficult. High risk is involved where there is a danger of serious bodily harm or death to a victim.

Consent

When HARRT liaises with a community-based agency, information regarding an accused person that is protected through the Freedom of Information and Protection of Privacy Act, through other legislation, or through agency policy will not be shared with that agency.

Any other agency that is involved with HARRT should require consent of their client.

Meeting and Review Documentation

Cases scheduled for review are listed on the Agenda sent to HARRT members prior to each HARRT meeting.

In addition to the Minutes that list Action Items, each team member may keep their own relevant notes including any assignments they have been given.

Case Management

Once a case is identified as a high risk case, that case is actively managed by HARRT. Through discussion, cases are prioritized according to their dangerousness and urgency.

Generally, cases are presented by the referring team member. Other team members are expected to provide relevant information based on their involvement (e.g. case notes, occurrence reports, presentence reports, Crown briefs, etc.). If it is determined that further information is required, a request for the information is made. However, case management decisions may be made on the information available.

Discussion of a case normally includes: a review of the case history, risk factors, the nature of the risk, the necessity for immediate intervention, safeguarding the victim, and managing the perpetrator.

Specific case strategies are agreed upon with Action Items assumed by the appropriate justice partner.

Team members will then communicate with and support each other between meetings to carry out Action Items.

Case management involves coordination and blending of resources and strategies available to each justice partner as follows:

Crown Attorney

The management of a high risk case involves many decisions. The Crown Attorney plays a unique and important role with HARRT. He is involved with deciding whether charges, if already laid, are appropriate and he may suggest that other charges be laid. In some cases, further investigation may lead to historic charges being laid. A decision may be made that charges that may have occurred in other counties be laid in Huron County so that case management may include all of the perpetrator's of-

fences. Generally, the Crown Attorney in the other jurisdiction is consulted with first to seek approval for charges to be laid in Huron County. By keeping charges together, case management can be more effectively accomplished.

The Crown Attorney also plays an important role with respect to whether a perpetrator should be released on bail with conditions or kept in custody on a detention order. In some cases, a non-traditional approach to bail is taken so that a perpetrator may still keep his or her employment and be released on conditions that will still safeguard the victim.

In Huron County, an educational videotape for potential sureties in domestic violence cases has been made. Before a surety is approved, the surety is obliged to watch the short videotape. The videotape explains the responsibilities of a surety and also recites a number of lethality indicators that may signal high risk. The surety then must complete a form (see Appendix D) indicating that they understand the role of a surety and will cooperate with the police. In this way, the surety becomes part of the management response.

The Crown Attorney is also involved with case management as it relates to resolving criminal charges and determining appropriate sentences. Both of these issues involve what result may be achieved through the criminal justice system to keep the victim safe. Considering the reasonable prospect of conviction test, the Crown Attorney must decide which charges may be appropriate for guilty pleas and which charges can be withdrawn. This analysis will also include what sentence would be appropriate.

In many high risk cases, the perpetrator may be unable to get bail and may seek a disposition of the case which credits them for time served. In other cases, there may be perpetrators who are released on bail and seek to resolve their charges without a trial. Then there are those perpetrators who wish to take their charges to trial. Regardless of whether a custodial sentence is imposed, most high risk cases are managed with a probation order that contains a number of restrictive conditions. The Crown Attorney has a role to play in determining what conditions are appropriate.
The benefit for the Crown Attorney at a HARRT meeting is that the other justice partners at the table will bring to the discussion their knowledge and involvement with the perpetrator and the victim. They will also indicate what they would like to see happen with respect to the resolution of the matter. The Crown Attorney then is in a much better position to deal with the case having regard to their input.

At a HARRT meeting, the Crown Attorney has a role to play with respect to strategic decision making in managing high risk cases. For example, if the perpetrator has been released on bail despite the Crown opposing bail, should the Crown bring a bail review in Superior Court? Or, should the police be encouraged to monitor bail compliance in the event that there is a breach of bail which would trigger an arrest and a possible cancellation of the earlier bail? In some cases at HARRT, both approaches have been taken.

Another example of strategic decision making involves dealing with reluctant or recanting victims. Such cases require innovative and pro-active approaches so that even without their cooperation, victims can still be safeguarded. This may require the case being proved with other evidence and, in some cases, where there has been a recantation, with the original statement given by the victim to the police. In Huron County, the victim's statements are videotaped and are given under oath. This may allow the Crown to argue that the Court ought to accept the original statement as substantive evidence despite a recantation.

The approach taken by HARRT to victims is to consult with them and seek their cooperation. In many cases, the Crown Attorney has met with high risk victims and a number of HARRT members so that the victim realizes that everything possible is being done to keep the victim safe. In this regard, victims understand they can contact any of HARRT members for guidance and support.

Police

There are two police services in Huron County. The Ontario Provincial Police, Huron Detachment and Wingham Police Service. The OPP serve the rural areas of the county and the towns of Goderich, Clinton, Seaforth, Exeter, Bayfield and Blyth as well as several other small towns, villages and hamlets. Wingham Police Service is responsible for the Town of Wingham.

Crime prevention, law enforcement and support of victims of crime are tenets of the Police Services Act that guide service delivery to the citizens of Ontario. HARRT corresponds with these tenets by providing proactive strategies in the management of high-risk cases.

Collaboration with justice partners, assists police in assigning resources where they are most needed, order to prevent lethal incidents. Police resources can be utilized to conduct residence checks (bail conditions) and directed patrols, physical and electronic surveillance, behavioral analysis and threat assessment, and CPTED (Crime Prevention Through Environmental Design).

Police may also elect to pursue further criminal charges or

prepare 810 applications as a means of controlling offenders and protecting victims. These techniques can be considered in high-risk cases and are often effective complements to conditions imposed by Probation and Parole or the Courts.

Victim/Witness Assistance Program

The mandate of the Victim/Witness Assistance Program is to provide information, assistance and support throughout the criminal court process, to victims and witnesses who have been most traumatized by crime (consequently, most of the Program's clients are victims of crimes of violence such as partner assault, sexual assault, child abuse, elderly victims or families of homicides).

Most services terminate upon disposition of the criminal case, but may, on occasion, extend to follow-up after the final disposition with the understanding that clients' needs do not end at disposition.

Services include provision of case specific information, general information about the criminal justice system, crisis intervention, needs assessment, referrals to community agencies, ongoing emotional support, community and systemic advocacy, court preparation and orientation, post-testimony support and debriefing, and information about system related post-disposition services (P&P, VSL, CICB, provincial and federal Parole Boards, Ontario Review Board, Appeals).

Probation

Probation & Parole Services is responsible for supervising Probation Orders, Conditional Sentence Orders and Parole Certificates along with writing Court Ordered Reports upon requisition. This service delivery relies on thorough assessments followed by appropriate case planning.

Probation & Parole Officers have a dual role –providing assistance and providing enforcement services. Their interventions are designed to address the criminogenic needs of a Ministry client and ensure compliance with the terms of the supervision documents. Collaboration with justice partners, community agencies, and victims is key for effective supervision and public safety.

HARRT presents an ideal forum to effectively manage high-risk cases. Probation brings to the table a variety of strategies to address high risk issues, some of which include: reporting schedules, collateral contacts, community referrals, access to special needs funding, specific direction to treatment or counseling agencies, collaboration with institutional partners, ESP – Electronic Supervision Program for curfew & residence restrictions, report writing, and swift enforcement.

Justice vs. Safety

It is the experience of HARRT that for successful case management, it is necessary to not only step into the shoes of the victim, but also the shoes of the perpetrator.

Victims are often in the best position to recognize the dangerousness of their situation. At first blush, their response to that danger may seem counter-intuitive, especially in cases where they continue to have contact with the perpetrator. This contact, however, may provide a sense of security to the victim in that they are aware of the mood and whereabouts of the perpetrator. It may be for these victims that the "devil you know is better than the devil you don't know". It is necessary to be mindful of these dynamics in the management of these cases.

Likewise, in dealing with perpetrators, it may be necessary to take a non-traditional approach. The criminal justice system is based on an adversarial approach. For some perpetrators, such an approach may increase the risk of harm. Traditional responses such as a detention order or a jail sentence may lead to a number of losses (family, employment, status, home), which may leave the perpetrator with a sense of hopelessness or desperation. This may lead to a fatal event. Accordingly, case management must consider the consequences of traditional interventions as they may impact on the safety of the victim.